THE AMERICAN
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EDITORIAL COMMENT

WHAT WAR SERVICE WILL MEAN IN THE FUTURE

When this war is over, and we settle down to a quiet routine, the doctors and nurses who have seen service will be in a class by themselves. The men who are serving in France and who are performing marvels in reconstruction work, will be the great surgeons of the future; the medical men who have been in charge of cantonment hospitals and who have had great wards full of patients having only one disease,—pneumonia or meningitis or measles or scarlet fever—will be the great medical specialists in the days to come, for these are opportunities for intensive study such as no routine practice could give them. The same thing holds true with the nurses who are serving in this war. Such an opportunity for professional experience has never before come to us.

We are giving to those of our readers who are still undecided as to their duty, a military number of the JOURNAL that they may have an opportunity to learn from those actually in the service what the work in the different departments is like. Living conditions in some places have been hard but every day they are improving, and by another winter, if the war continues, they will be comfortable. We are to give in our next issue a drawing photograph and text describing the recreation house for nurses which the Red Cross is planning to build in connection with each of the cantonment hospitals. For the long summer, military service in our own country offers an outdoor life, wonderful opportunity for professional improvement, compensation sufficient for one's needs, and a government insurance which will provide for the future; but first, and for all time, this is the opportunity for the American-born nurse to show her loyalty and for the foreign-born, to prove herself a good citizen of the world.

For those who are timid about crossing the water, there is a tremendous field in the camps at home. For those who long for foreign service, a few months in the cantonments will prove the best possible preparation.

If a nurse waits until she finds exactly what she wants, before offering herself, some mother's son may die because she is looking for excitement instead of doing her bit in the work at hand.

NAVY NURSE CORPS REQUIREMENTS

Mrs. Lenah S. Higbee, superintendent of the Navy Nurse Corps, tells us that our editorial statement in the April JOURNAL, in which we included the Navy with the Army as having lowered the requirements for its nursing personnel, is an error. The requirements for admission to our naval nursing service are graduation from a large general hospital, state registration, full citizenship, eligibility for membership in the American Nurses' Association in addition to a professional and mental examination by a board appointed for the purpose.

The Red Cross has, as we have stated before, temporarily suspended the requirement of membership in the American Nurses' Association, and the Army is, for the same reason, waiving state registration; but only for the period of the war.

The recent survey of the nursing resources of our country, a report of which appeared in our April issue, shows that there were at the end of the year 65,949 registered nurses and 17,448 graduate nurses who were not registered. A great many in this last group have not registered because the law in their state is not compulsory and they have not appreciated the importance either of registering during the period of the waiver or of taking the regular examinations. Doubtless, there are many good nurses among this unregistered number who could be used by the Army at this time. So long as state registration is not compulsory, these nurses should not, in our judgment, be exempted from military service because of a technicality, and we believe it is well that one arm of the service is open to them.

The rigid investigation of every applicant for admission to the Army precludes the possibility of the wrong type of woman, or of those who have failed to pass the state examination, being accepted.

We hope to live to see the day when every state in the Union will have a compulsory state registration law for nurses, and we hope the experience of this war will prove sufficiently enlightening to our legislators to bring this change about.

While our survey is only an approximate estimate, for there was no way by which nurses could be compelled to report or commercial directories be forced to disclose the names of the nurses listed with them, the figures as published show that at that time, only 18 per cent of the registered nurses were enrolled for Red Cross service. That number included the older women and many others disqualified for one reason or another, who were on the list before this war was

ever dreamed of. Although thousands of nurses have entered the service since, the full resources of the country have not yet been in any way exhausted. While we want to see our standards upheld, the care of our men is, in our judgment, of first importance.

COMPENSATION FOR ARMY NURSES

There seems to be some difference of opinion in regard to the amount being paid nurses for military service in the different warring countries, and we have found it impossible to obtain very exact information. We do know, however, from an official communication which is before us, that Canadians receive $130 a month. This is, as far as we can discover, the largest salary paid to nurses serving with any branch of the present military structure.

Canadian nurses are to be congratulated in that their military authorities have appreciated that nurses are a wage-earning professional group and that the great majority of them have obligations from which they cannot be easily released. By the removal of the financial obstacle which, sometimes, has to stand in the way of the enlistment of nurses, Canada has been able to keep her nursing ranks full, thus ensuring the very best nursing care for her men under arms. We know that definite efforts have been made to place Canadian nurses in over-seas service through the American Red Cross.

Besides this excellent compensation, Canadian nurses are given the rank of lieutenant. The requirements for admission to their service are high, graduation from a hospital of at least two hundred beds being necessary.

English matrons in war service receive £50; nursing sisters, £45; and staff nurses, £40, annually.

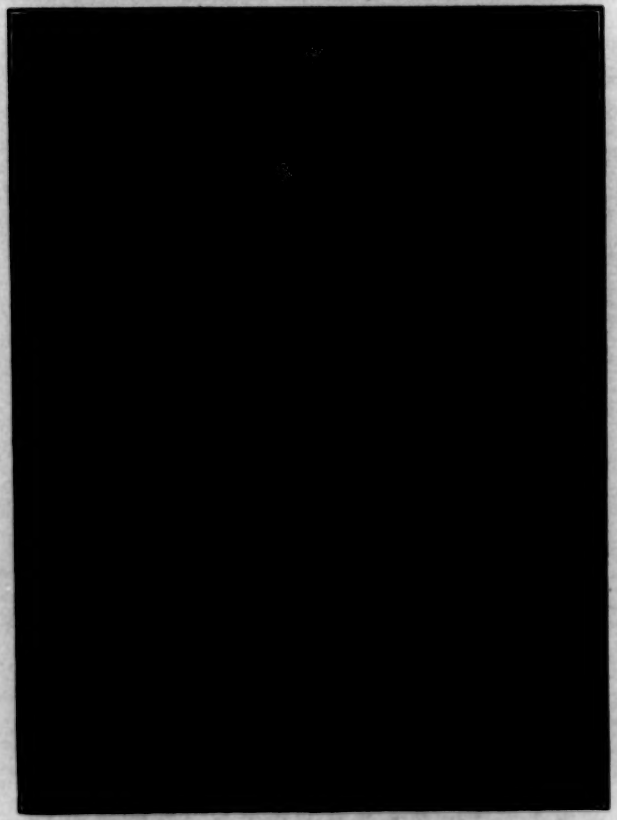
We are informed by an American nurse who served in French hospitals that France is paying nurses $14 a month. We know, of course, that our American nurses are being paid $50 a month for home service and $60 in foreign lands. Those serving abroad are fully equipped by the Red Cross.

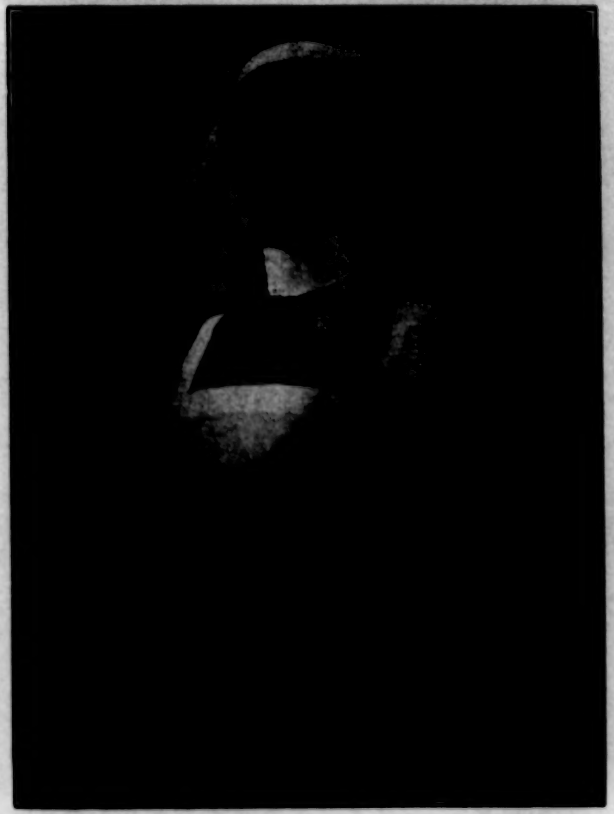
While the Red Cross does not pay the salaries of nurses who go into either the Army or the Navy, it does pay the nurses doing public health work in the zones surrounding the cantonments and those engaged in infant welfare work in Europe and on the special missions.

A bill for an increase in pay for Army nurses has passed the Senate but is being held up by a House Committee until the question of rank for nurses, which arose later, shall be determined.

RANK FOR NURSES

Medical journals are giving a good deal of prominence to the question of increased rank for physicians serving with our Army and





Outdoor and Indoor Uniform of the Canadian Army Nurse

Navy. Doctors often find that their rulings in regard to medical and, particularly, sanitary matters are countermanded by the ranking officer of the line. The efficiency of the nursing service is hampered in the same way. The National Council of Defense appreciates this, and it is backing the effort to obtain from Congress rank for nurses.

In the bill, as originally drafted, it is proposed that the superintendent of the Army Nurse Corps and of the Navy Nurse Corps shall each have the rank of colonel; assistant superintendents, that of major; directors, assistant directors and chief nurses, that of captain; and nurses, the rank of first, second or third lieutenant.

As we go to press, we learn that it is not at all probable that we shall be able to secure absolute rank, but the outlook is more favorable for what is termed "corresponding rank," such as, we are informed, is proving extremely satisfactory to Australian nurses.

WAR SERVICE FOR PUBLIC HEALTH NURSES

The department of military service which is perhaps the least known to our readers is that of the Red Cross Public Health Service in the Sanitary Zones. By a sanitary zone is meant a prescribed area around a military training camp, of greater or less extent according to the proximity of villages and cities.

The nursing service in a sanitary zone has to do particularly with the health of the civilian population, for the purpose of controlling the development and the spread of contagious diseases among the troops. At the time of our last report there were 78 nurses engaged in the 27 sanitary zones. New zones are being organized and those already started are being enlarged.

Emergency contagious hospitals have been established in the sanitary zones, which are under the immediate direction of a member of the U. S. Public Health Corps.

An article compiled by Edna L. Foley, presenting letters from different nurses now engaged in this service, appears in this issue. From time to time, further contributions along this line, will be found in her department, that of Public Health Nursing.

A SHORT COURSE AT SYRACUSE UNIVERSITY FOR PUBLIC HEALTH NURSES

The New York State Department of Education is establishing a six weeks' course in Field Instruction for public health nurses, at Syracuse University, in connection with its summer school. The period will cover July 8 to August 16. A nurse to be eligible for this instruction must be a registered nurse in the State of New York, or a graduate of a training school approved by the University of the State of New York.

HOW WAR AFFECTS THE JOURNAL

Since the printing of the JOURNAL was moved to Rochester, the edition has only once failed to reach the post office, for mailing, on the 1st of the month. That one exception was the March issue which, because the preceding month had only 28 days, did not leave the printing office until March 2d. In a little town in Montana, off the main railway line, copies of this JOURNAL were received on March 9th, though it did not reach our subscribers in Washington, D. C., until the 16th.

We know that the congestion of mail matter in the large centres of the country is responsible for much of the delay of which our subscribers complain and that these difficulties are shared by all other monthly and weekly periodicals.

One of our war economies is the printing, each month, of only a few hundred copies of the JOURNAL above our subscription list. For this reason, we cannot always comply with requests for back numbers or even begin subscriptions with the current issue, if the request comes in late. We ask our subscribers to notify us if, after a reasonable lapse of time, their magazine fails to appear, and not to wait several months before sending in this complaint, but we also ask them to exercise patience and courtesy, and to realize that war is upsetting the postal service all over the world. One form of war service which all can enter is to bear cheerfully the discomforts involved.

THIS SPECIAL MILITARY NUMBER

The illustrations in this issue have been gathered from as many sources, almost, as the articles. Some are made from snap-shots and have not reproduced well, or with any degree of uniformity, yet each one tells its story. We wish to express our appreciation of the response to our request for material for this number of the JOURNAL,—more than we could use, though we have doubled the usual capacity of the magazine. We are also printing a larger edition than usual and we suggest that each of our readers who is unable to enroll, herself, should send us thirty-five cents with the name and address of some nurse whose sense of responsibility has not been aroused and who, they know, is not in the habit of reading the JOURNAL, that we may send her this special number. She may thus act as a recruiting officer, though unable to respond for service.

USE OF THE RED CROSS INSIGNIA

By special permission, the JOURNAL is allowed to use on its cover for this war issue of the magazine, the Geneva red cross on a white ground, the insignia of the Red Cross, the use of which is protected by law.

A WAR NURSE IN THE FIGHTING FIELDS OF EUROPE

By Katherine B. McMahon, R.N.
Dorchester, Massachusetts

When England sent word to America that she was in need of medical aid, Harvard University sent the first unit, consisting of thirty-five doctors and seventy-five nurses. We sailed from New York on June 25th, 1915, fully sensitive to the perilous trip we were about to take. On nearing the war zone, we traveled at night in total darkness, with the exception of the glaring headlight, and the name of the ship which was in five feet electric letters on either side of the steamer.

We arrived in Falmouth Harbor on July 6th, and after the usual preliminaries took a special train to London. England looked very beautiful to us and over everything was such an air of peace that it was impossible to realize that war was really going on. Upon our arrival in London, we were received by a representative of the War Department, who thanked us heartily for coming, and we were entertained most royally. Here men of all stations in life were in uniform, and there was that solemn aspect over everything which made us appreciate the fact that truly a terrible war was waging, but the seriousness of the situation was more apparent to us when we crossed the Channel in a hospital ship and arrived in Boulogne.

This French port was at all times a busy, but light-hearted place of amusement, but now, how changed. Anchored around the quay were many hospital ships. Packed high on the wharf were rolls of barbed wire and countless sand bags, used in trench-making, together with provisions for the millions of people in England and France. There were cars of all sizes and shapes bearing the red Geneva Cross, and men in khaki moved about in every direction. In fewer numbers were the French soldiers in their red and blue uniforms, which were dingy with wear and weather, or resplendent in the new blue and gray. On one side was a crowd of Tommies waiting for the train that would take them to Flanders, whistling or singing. A little distance away, one could see a group of wounded fighters ready to go to "Blighty" (that much desired refuge of the British soldier), the sight of bandages bringing home to us that they had already been in battle.

Our final destination was some miles south of the firing line, and we arrived here in the middle of July, going to work immediately, as there was a great deal to do. Our camp was situated in a valley facing the English Channel, surrounded by poppy-covered hills. There

were about twenty thousand beds for patients in this one valley. The beds in our hospital were all under canvas.

Each nurse, when assigned to her respective tent was given three army blankets and a large canvas bag, in which she was told she would find everything needed for comfort. We were incredulous of finding *everything*, but what was our surprise, on opening this Pandora box, to find a folding cot, a cork mattress, a washstand, a small table, chair, canvas pail in which to carry water, a lantern, an enameled plate, a drinking cup, a knife, fork and teaspoon. Truly, they had not exaggerated.

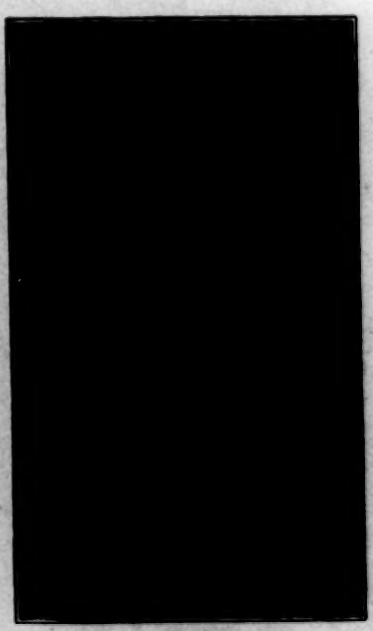
Patients now began to come in large numbers, and our excitement can hardly be described when our first convoy arrived. Each man was tagged, this tag bearing his name and the nature of his wound. If he were dangerously wounded, he had a red tag, which meant that he must have immediate and special attention. We received men from all along the western front, from Ypres, Hooge, Hill No. 60 and Armentieres. If they improved to any marked degree, we were allowed to keep them until fully recovered, otherwise they would be sent to a hospital in England.

One thing that will ever remain in our minds as an example of the diabolical cleverness and brutality of the Germans is the first exhibition of the effects of liquid fire, used for the first time on August 2nd, when a convoy was brought in to us wounded most horribly, and worst of all, burned indescribably. The men related afterwards that previous to this attack, they were inactive in the trenches, as nothing was going on except a light bombardment. Suddenly the men in the first line trenches saw, rolling toward them in No Man's Land, something which, at first sight, looked like petroleum. One man said, "Hello, what is this coming toward us? It looks to me as though it might be petroleum." Almost immediately this so-called petroleum burst into flame, and those in the first line trenches were almost all burned to death. The few that did survive this fire were choked by the poisonous gases which accompanied the fire. Those in the second line of trenches now saw the enemy rushing toward them clothed in chemically charged coats and gas helmets, looking like terrible monsters of prey. One man cried, "We are going to die anyway, and we will die fighting." So they rushed forward to meet the enemy in a bayonet attack, gaining a little of the lost ground, but, of course, their losses were heavy. Had they been prepared for this liquid fire, and been equipped with gas masks, their retreat would have been unnecessary.

On September 24th we received instructions to increase our bed capacity by five hundred, and be ready by the next day, as one of the

Katherine B. MacMahon

The Only Dog Decorated by the President of France for Saving His Master's Life.



A Patient's Tag

Tag with a Red Border Showing the Patient Needs Immediate Attention.

Marriage of a French Nurse, a Countess, to a Blind Soldier. The Abbe and the Attendants Were Blind, Also.

The Wild Man from Borneo, Who at First Attacked Doctors and Nurses and Slept under His Bed.

Group of Patients at American Ambulance Hospital, France

Ward in the American Women's War Hospital, Paignton, England.

Patients in the Same Hospital

biggest battles was about to take place. On September 25th at daybreak, this battle of the Loos was fought. Never will I forget the condition of these men as they came in to us, hatless, their sleeves and trousers tattered and cut, some with bandaged heads, and others with emergency bandages showing through trousers split up the side; still others with crude rope splints on broken arms (for the demand for splints had been greater than the supply), and most touching of all was the sight of one soldier holding up the other to prove that he did not have to be carried. There was not a dry eye among the nurses or doctors at this spectacle, but our tears were quickly dried when their feelings in the matter were displayed by the following remark made by a Jock: "Oh, sister, do not cry, for even though we have suffered, what does that matter? We have gained all the ground that we lost on August 2nd. Isn't that worth all this?" And so, even though our hearts were heavy, we went back to our ground with smiling faces, glad and proud that we could be of service to these brave men. In the first twelve hours we treated seven hundred patients; that is, brought them in from the hospital train, performed all necessary operations, did all dressings, gave them something to eat (together with their much beloved cigarette), and put them in an ambulance train for "Blighty."

It was not always a steady grind of sad and heart-rending incidents, however, for our work depended entirely on what went on at the front, and camp life had its pleasant side as well as pathetic. For entertainment, concerts were given at the Y. M. C. A. and Knights of Columbus huts. All men who were at all physically able to attend went to these affairs; the stronger ones carrying those unable to walk, "piggy-back" fashion, and others supporting themselves with poles, borrowed from tents for the occasion. It was an odd procession that wended its way along the worn old road to the concert, which was appreciated far more than grand opera by the boys, who would return to the camp tired but happy. Every afternoon, tea was served, for we appreciated how tiresome the rations became. We were on those same army rations ourselves, consisting of "bully beef," vegetables every other day, canned butter, bread and jam. The bread was baked in England, coming to the camp in truck loads. A certain number of loaves was assigned to different divisions, passing from hand to hand without covering of any kind. Thoughts of microbes had to be sternly banished from our minds when we watched this proceeding, for this was no time to be fastidious. Later, however, our rations were much improved, when we found that by paying a franc a day, we could have added luxuries.

Spies were everywhere in our valley. To get through the lines, one must be in uniform and have her passport. The deadly work of the spies was evidenced at every turn. Candy was poisoned, and worst of all the well from which we obtained our water supply was found to be infected with death germs. No uncooked food was allowed to be eaten.

At the American Ambulance in Paris we had about seven hundred beds, this number to be increased during big engagements. Our patients were mostly French soldiers. The doctors were American, and the nurses came from all over the world. Nurses' aids were American women of great wealth, duchesses and countesses, while the orderlies were dukes, counts, artists and actors. Through all, a wonderful spirit of coöperation prevailed. There was nothing too small for anyone to do, and it was this unity that won for the hospital the success that it attained.

Our American doctors are doing wonderful work in France. There is an explosive bullet which affects the jaw, breaking it into many parts. Then our doctors will transplant a piece of tibia and make a new jaw, attaching it to the upper by a small hinge. Skin is grafted over this, and a little later, artificial teeth are inserted. In one month's time, one would be surprised at the wonderful change. A man would be able to eat and talk, whereas if he did not have this treatment he would die. A limb rendered useless by the muscle or nerve being severed can be remedied by transplanting muscle from another part of the body. Marvelous results are accomplished by bone and skin grafting.

In one of the hospitals where artificial limbs are applied, the patients are divided into three sections. In the first section are the men who are being taught to walk with the artificial limb, they are so timid about stepping out; then the second section, where they are a little more courageous; and the third, where they are able to walk around naturally, and even, in many cases, play ball.

The saddest cases of all were the blind. There are comparatively few, however, considering the number of head wounds. These are so skillfully treated by our surgeons that blindness is, in many cases, averted. Owing to the wonderful feats that have been performed by our doctors since this war, a man (unless handicapped to too great an extent), is taught a trade so that when discharged from the hospital, he may be independent.

Now that our own country is at war fighting for democracy against tyrannical Germany, we need all who can give their services. Men gladly give up their lives without question because they know it is their duty and no American man hesitates. The nurses are needed

to help care for our own boys, and everyone who has any knowledge or training in nursing should do "her bit" in winning this war. It is not a question of letting someone else do it. It is the men's place to do the fighting, but it is the nurses of America who are needed to nurse the men back to health. More nurses will be wanted and we should all volunteer our services gladly and be proud that we can do something for our dear country. The time has arrived when every woman is just as important as the man who goes off to Flanders to fight. They have a duty to perform and must perform it, no matter what their position in life. Any who have the time, money and ability to render aid to their country and fail to do so, are slackers. But nurses are not in this class, their part is an active one, and absolutely necessary. They will stand shoulder to shoulder with the soldier, always helping, untiring, courageous, cheerful, and praying for a lasting peace.

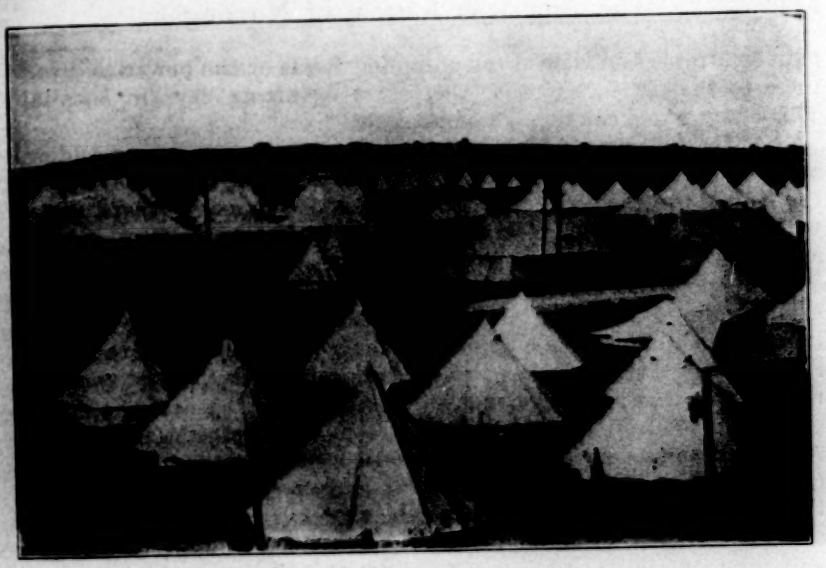
NURSES, JOIN NOW!

By Dorothy Foster, R.N.
Portsmouth, New Hampshire

In the hope of reaching the nurses of America who have not yet availed themselves of the privilege of nursing the Allied soldiers, I will tell them of the things which seem to me most important in the work over there.

The most interesting work is undoubtedly with the Army in France. I spent nine months with the Harvard Unit, which is No. 22 General Hospital, British Expeditionary Force. Each day brought convoys of patients, sometimes seventy, sometimes four hundred, sometimes several convoys a day or night, and in a corresponding number patients were sent away to England.

To go on duty in a large tent and find strange, haggard, unshaven faces, to know that you alone are responsible for the well-being of a certain number and to see the change in their general condition and the improvement in their wounds after a few days' care is reward for your work which no other work in the world can give. Of course, it is not always a quick recovery and often none at all. Some poor lad may come in, a walking case, and die of gas, bacillus infection, or tetanus a few days later. Then the nurse has to help this lad over the bar. The nurse is closer to the soldier than is any one else. The British people call her "Sister" and this title characterizes their attitude towards her. Only the nurse knows when and what gifts are welcome; so many, many times have I seen a few cigarettes make



Tents and Huts Used by British Army Hospitals

French Wounded with the Lever Splint

pain endurable and wished for unlimited funds or the power to divert them to the patients to ease their first agonizing days in hospital. This every nurse can do on a small scale.

At the American Ambulance, I nursed French officers and soldiers and know that the friendly attitude of these people in the days when the United States was neutral is a bond, added to many others, which will always hold us together. If you have Frenchmen to nurse you are, indeed, fortunate.

In England, I worked for the American Women's War Hospitals at Paignton, Devonshire and London. At Paignton there are two hundred and fifty beds for Tommies, ideal surroundings where American surgeons and nurses have given these splendid boys most excellent results from mutilating wounds.

In London I had the operating room in a hospital for officers. All the hospitals have a most cheerful atmosphere. I spent three Christmas days in hospitals over there and everybody helped to make them very merry. Enough cannot be said in praise of the wonderful spirit of the British and French, our Allies, who are paying not only with their men and money, but with their homes and women and children.

Any nurse who closes her eyes to this marvelous professional opportunity will regret it in years to come. Usually our work is most narrowing and confining, here is a branch which is quite the reverse with every opportunity for variety of work and surroundings. There are new places to visit in off duty time which will give you lifelong memories.

Nurses, all of you who can leave home, do go. Give yourselves and take with you the interest of your families and friends. Your influence is immeasurable as is your reward.

On Palm Sunday, Paris was shelled by ten-inch shells fired by the Germans from a new gun, seventy-six miles distant. The shells fell at regular intervals, every twenty minutes at first, then every fifteen minutes and at last every twelve minutes. Each shot was said to cost $4000. The casualties were comparatively slight, about ten persons were killed and fifteen wounded and there was no panic amongst the population. The gun is of Austrian manufacture, a very delicate piece of machinery, which must be handled by expert mathematicians and gunners, as the loading and pointing is a difficult task.

ELLIS ISLAND FROM THREE POINTS OF VIEW

I.

By Flora A. Graham

The quota of nurses from Base Hospital 33 celebrated Washington's Birthday by entraining at different points for mobilization at Ellis Island, New York. About twenty came from Albany, others from Schenectady, Troy, and some from cantonments where they had been in Army service, while waiting for mobilization. Those of us from Albany were given a very pleasant ovation at the depot by the Red Cross and by our many friends who gathered there to wish us the best of luck. We were generously supplied with bon bons, fruit and flowers and everything our friends could think of to cheer us on our way.

We marched to the train carrying United States flags, the gift of the Red Cross, while the band played that most popular air, "Johnny Get Your Gun." We had a pleasant, uneventful trip and reached our destination about six o'clock in the evening, a very tired, travel-worn group of women. We were immediately ushered into the dining room where we enjoyed our first Army dinner. In fact, we have nothing but good reports to give regarding the food provided for us during the three weeks we have spent here; it is clean, wholesome and abundant, much better than we would have expected. After dinner we were shown to our dormitories, large, commodious rooms, each one accommodating about twenty nurses. We lost little time in getting comfortably settled and so our first day in the service of Uncle Sam passed pleasantly, and as our beds were very comfortable we were soon in the land of dreams.

We are situated on Island No. 3. This group of islands, numbered 1, 2 and 3, has connecting bridges over which we walk many times each day, to our meals, to the post and to the ferry boat landing.

The administration offices are on Island No. 1. There is also an immense hall where the Y. M. C. A. very kindly provides amusements three times each week for soldiers and sailors; an invitation has also been extended to Army nurses. These amusements consist of motion pictures, lectures, popular and patriotic songs, and are largely attended and very much appreciated. On one occasion I noticed that the boys were especially enthusiastic over the song, "Mother, Bid Your Baby Boy Good-bye." The screen picture was Tom Sawyer, and it gave us all great pleasure.

All aliens entering the United States, whether cabin or steerage passengers, must pass through Ellis Island and while formerly these

were inspected and examined on the island, a new Act of Congress, which went into effect February 5, requires these examinations to be made on shipboard, or at the steamboat dock, prior to landing. Consequently, the service of a large corps of officers is required. Under normal conditions these number about 650, including 150 medical officers and hospital attendants. The hospital is on Island No. 3 where, also, are large pavilions reserved for mobilization of Red Cross units. There are several units here at present and all are being rapidly equipped for overseas service. The equipment is fine and complete, also very good looking, and we are very proud to wear our new spring suit with its insigna of honor.

We have been very nicely entertained by different organizations. The Red Cross of New York gave us a tea at the Central Club for Nurses, where we were addressed by Miss Maxwell of the Presbyterian Hospital and by Miss Hilliard of Bellevue, both of whom impressed us with the importance of our mission and with the idea that the honor and dignity of our profession and of our country depend largely upon us.

We are especially indebted to the clergy of St. Paul's chapel for the patriotic services for Army nurses, which they have so kindly provided for us; these include a most excellent course of conversational French lessons by Professor Bars; also instruction in community singing under the direction of Dr. and Mrs. Reid.

The faculty of Fordham University also deserves our highest commendation and gratitude. Through the courtesy of Father Fortier, dean of the School of Sociology and the graduate school of Fordham, a large number of our nurses are given one hour's tuition in French, daily, under the most excellent instruction of Madam Mulholland, wife of the Registrar of the University.

In conclusion, I wish to say that while we are all well, comfortable and content, we are waiting eagerly for the order to embark on the little quartermaster tug, which will convey us to the ocean steamer *en route* for our duties in the Great War.

II.

By Jean Haviland

"Are you going to Ellis Island?"

The outgoing ferry boat was due to leave her slip. Unmistakably I *was* bound for Ellis Island, for the boat docked nowhere else, so why the question?

I turned, to look into a pair of pretty, intelligent brown eyes. The rich brogue saved her from criticism and made a place for her

in my heart, while I made room for her beside me. We were both on our way, both due to report for Army nursing duty, having regularly sworn our allegiance to Uncle Sam and his service. Strange to say, we had been assigned to the same Base Hospital (the United States likes "colleens" too).

Our hesitation as to direction on leaving the ferry boat was relieved by a charming little lady from Missouri, who seized my heavy suitcase and went ahead to show the way. I like Westerners, too, and my heart warmed to this one in her attractive uniform. It seemed she, too, was one of us, although having been sworn in and outfitted some days or weeks before, she was due to sail immediately, and I saw her only once again before she marched away in line to board the lighter,—so dignified and womanly and sweet they looked, that nursing contingent, passing, with measured tread, the middies standing at attention, while the other fellow's sister left, to do "her bit" for him or them.

We were duly greeted and our papers examined in the office of the chief nurse, and we began to realize how small a "bit" ours was after all, when we knew that we were only two out of hundreds constantly coming and going, with perhaps only time for equipment before sailing.

The dormitories were surprisingly spacious and airy, the food and dining service all that could be expected, perhaps more, and the general atmosphere of the place permeated by a spirit of cheer and helpfulness that must inevitably make for the broader outlook and the realization that we are all as *one* in this great strife, absolutely dominated by the desire to help where our special capacity can best be used.

The wonderful system of outfitting crowds of nurses, ranging all the way from "small thirty-two" to "large forty-four," seems to be perfect and we were soon arrayed in garments military, proud of the uniform, the Red Cross, and our glorious country. We are happy and serious and hopeful; a little fearful, maybe, lest we may not match up with what Army duty requires of us, but we feel assured of the support and sympathy of our wonderful Chief Nurse, together with the positive recognition of our undivided efforts to put everything across in the way she expects us to.

We, too, are "sailing shortly" for duty "over there," and in our hearts is a warmth of feeling for Uncle Sam and his courteous and appreciative staff on Ellis Island, that will remain with us for years and help us to become useful women in our country's service.

III.

By Glenna Lindsley Bigelow

On February 21, 11 A. M., Unit No. — received orders from Washington to proceed at once to Ellis Island for mobilization. So the sword has fallen at last upon our awaiting necks!

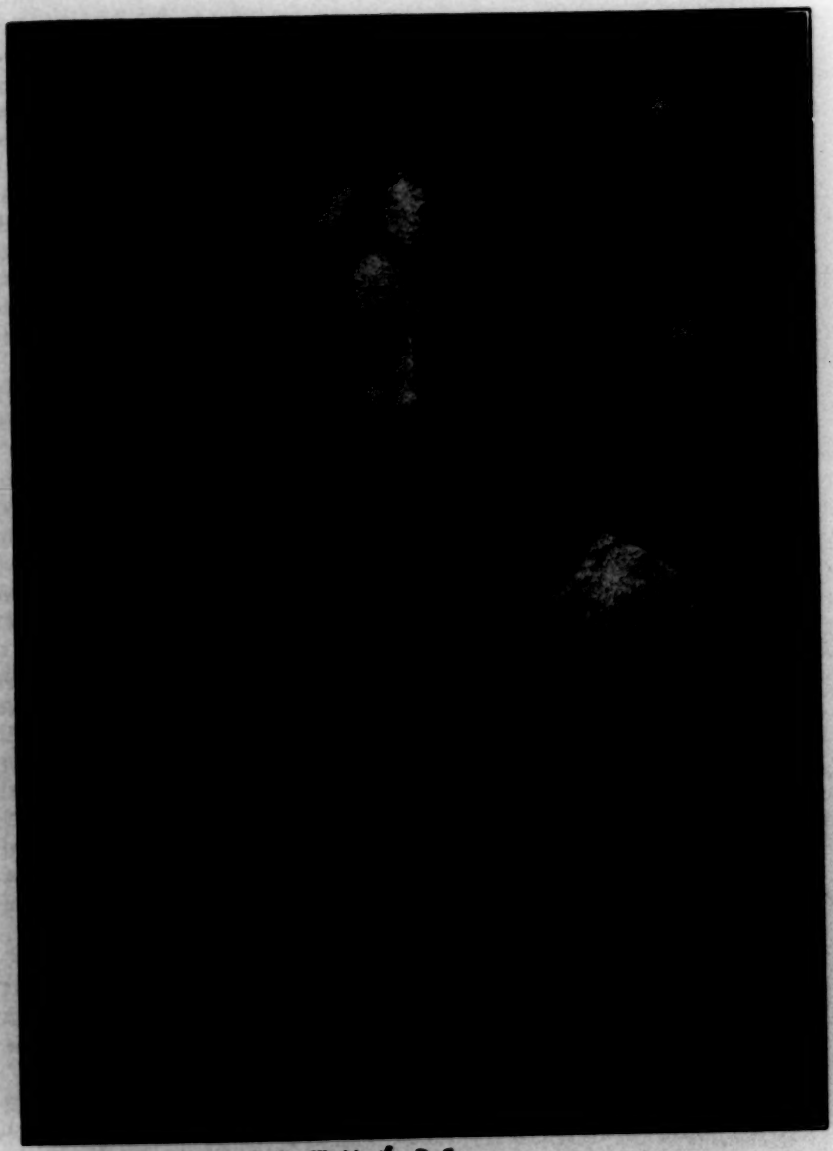
After an excruciating half hour at the dentist's, I proceeded to the War Building for my immunity papers, which will prove conclusively to the world that there is not a thing on earth I can catch. Fancy not being able to catch anything! What shall I do to evade a court-martial if I do not catch the last boat to the Island some time? But I have not been to the Island yet. In fact, I had to ask the Sergeant how to get there and he said: "Why, just find the Barge Office and go there." I thanked him gratefully and set out for the B. O., where, upon arriving, I was suddenly confronted by a very chic soldier-boy who presented arms right in my face. Luckily, I had convincing papers, for several people were looking on and I should have disliked to have the affair a fiasco. He let me pass, however, and whispered under his breath, like a ventriloquist, that it was a very cold day, and no one but I knew he was saying anything. I, then, sympathetically inquired, without opening my lips, how long he had to stay on duty and he mumbled back, "Four o'clock, thank God!"

Several feet farther on I became aware of a meek and lynx-eyed individual, who asked in a velvet voice if I were a "Red Cross," to which I answered nimbly, "Yes," getting his meaning at once, and he offered me a pass without further questioning. He did not even ask where I was going or if I wanted to go there. I think he was very unsuspicious, for I had a little black bag in my hand and a pink kimono wrapped up in my muff which, as usual, I could not pack in at the last moment.

The pass let me in through a narrow door to a narrow room. I cannot say that the people I found in there had a happy aspect; in fact, they all looked rather strained and uncomfortable and I wondered if it were the fault of the pass which, like mine, was unsolicitated and signed for Heaven knows where; I had not even observed its direction. The only person who looked at all complacent was an Irishman who wandered around with a clay pipe in his mouth, upside down.

Presently a bell rang, a chain jangled, and we were herded upon a ferry boat bound for the "Isle of the Lotus Eaters," maybe, though I doubt it. Tomorrow I will tell you if I arrived at a place that ever could be forgotten.

At 3.30 P. M. we made port and were led through corridors and



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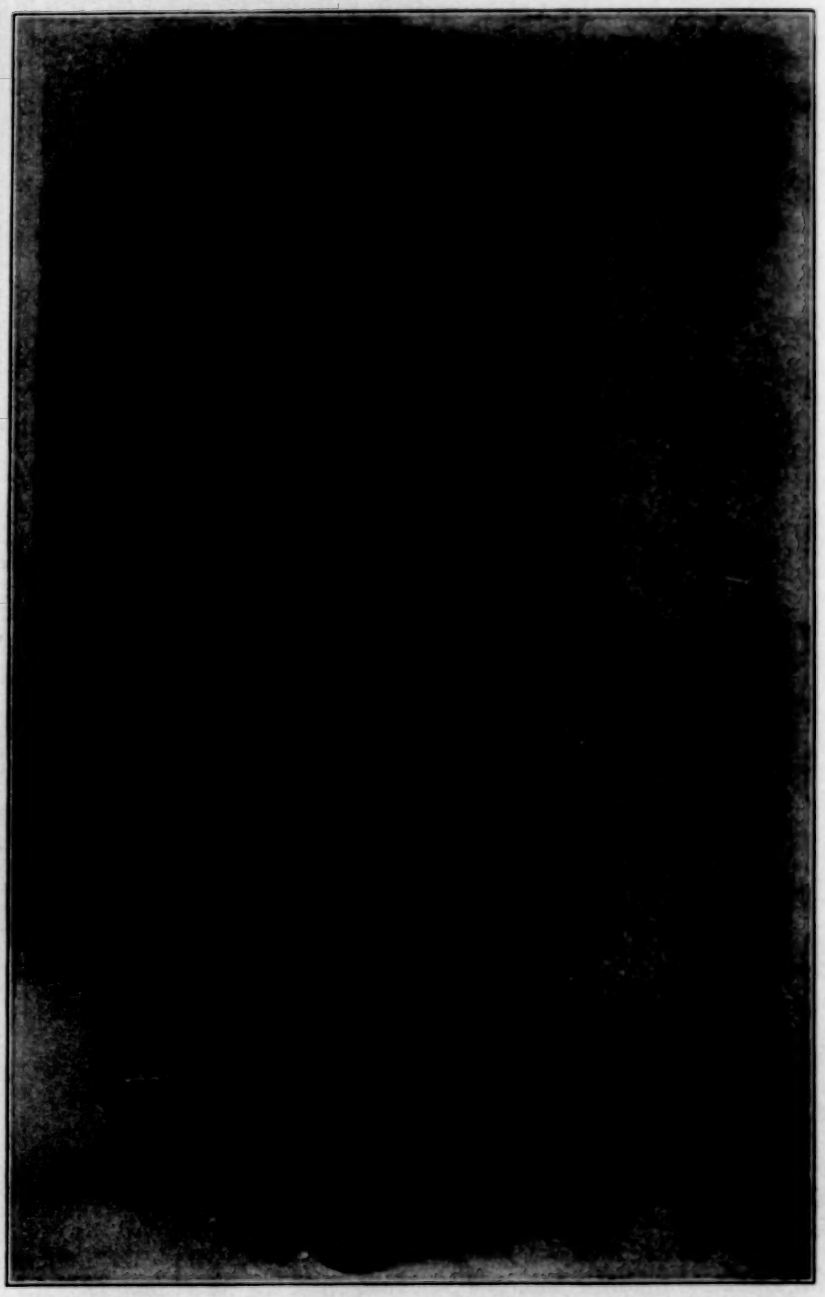
Dora E. Thompson, R.N., Superintendent Army Nurse Corps



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Uniform of Army Nurse Corps, Used Also by Reserve Nurses of the Red Cross

corridors to the supreme head of affairs, from where I was finally conducted to the sleeping quarters of the nurses. These consisted of one large ward with twenty beds in it. Oh, what a feeling swept over me! Twenty empty beds! I felt as though twenty people had recently died in them.

In the twinkling of an eye, or at least in a few hours, the whole aspect of the dormitory was changed and the twenty beds had twenty interesting proprietors, though we were all like probationers again, fearful of doing the things that we are not supposed to do; then our chief nurse's assistant came and detailed, in fluent phrases, the awful sins we could commit, unwittingly. When she had finished, I felt completely demoralized, as if there were a rout all along down the line.

At 5 P. M. we went to dinner, after having crossed a viaduct and achieved a bewildering journey through a maze of corridors and blind alleys to Island No. 1.

Ellis Island, that "Isle of Tears," as it is called, that harbor for all undesirable humanity which floats in from foreign shores, is really composed of three islands. We live in the contagious hospital on Island No. 3. But what of that? Nothing can infect our ardor for we are en route for "over there" by a big ship which is spotted and striped from gunwale to funnel like a rearing zebra that goes leaping out to sea.

February 22. It is an odd feeling to wake up in the morning, dragged from sleep by the thirty-eight enquiring eyes of one's roommates. After looking each other over we had a moment to spend on the scenery. The dormitory is all windows and surrounded by water, except the staying end which attaches us to the main building. It is like a ship at sea but, *Dieu, merci*, a steady one. As a matter of fact we are as cozy and comfortable as possible here, with good beds, plenty of heat, and unlimited hot baths, and we like it. It is an enviable experience, or preliminary rather, to the first line hospitals at the front; but we will like those, too. How well I know!

At 7 A. M. we turned out and put on all the clothes we could, for it was bitter cold, and walked an eighth of a mile to the dining room. For breakfast there were fried eggs, apple sauce, potatoes and coffee. Like the immortal Oliver Twist, I boldly asked for a second cup and was refused.

Roll call at 9 A. M., the dividing line between the attached and the irresponsible. We are Uncle Sam's nieces now and proud to tears to enroll in the ranks of his great army. In the light of his kindly eye, in the strength of his high resolve, we are incomparably favored.

On the ferry to New York, this afternoon, we saw one of those camouflaged ships, which was painted in great waves of imagination

from the very water's edge to the tip of the smokestack; I do not know what "Fritz" will think when he sees it, but it reminded me of a typhoon in the Indian Ocean, or whales' tails lashing the air.

Tuesday. Unit — went, *en masse*, to the tailor's to be measured for uniforms. It was a wearying process to select, from three hundred identical costumes, one that would need the least altering for each individual figure. The fitters were very amiable until about lunch time, when one of them insisted that a certain coat was all right until his client (a Social Service nurse who had picked up some stray phrases in the Ghetto) spoke to him in Yiddish and then he discovered that it was all wrong and marked it up and down and all over with his chalk.

A hurried lunch for us and then to the rubber man for Sou'westers. It is true he was as pliable to every suggestion as his name implies until we, ourselves, did not know what we wanted. At last, however, we were rigged out with rubber coats and slickers which would fit us for any cod-liver oil advertisement.

Then off to Coward's for boots. Is it not rather terrible that the American nurses must go to war with Coward imprinted on their soles? But Flanders' mud may transform them and thank goodness, anyway, for paradoxes. The boot store was pandemonium and it took more than two hours to convince anybody that we knew where we were going and what we wanted to go in, as regards foot-covering. As a matter-of-fact, we did not know either, so we took what was offered and straggled home in disorganized squads. Home? Yes, home to Ellis Island, the first stop en route to France.

Wednesday. No roll call this morning. Evidently, that is not as important as a trip to Hoboken where we all had to go for identification cards and finger prints. I feel as if my "fate was hung around my neck" surely now.

After this episode, we all filed into another room, small and stuffy, where were a glaring electric light and a huge camera. A "fleisiger Berthe" (big Krupp gun) would not have been more formidable. However, each one in turn sat down before the dreadful object while two dozen companions uncompromisingly criticised her camera expression. Then, "Smile and look at me," from the operator; click, and the thing was done. In exactly seven minutes the picture, dripping from its acid bath, was finished, developed and printed. And as the Scotch woman said when she saw her first photograph, "It was a humblin' sight."

Shopping, shopping every day now for little things we did not realize we needed and which, eventually, amounted to $50.00; a collapsible rubber basin, some hairpins, a novelty money bag and a

few ink tablets—how in the world can that amount to $50.00? But the money is gone and we have not the time to care. The days in town are really hectic and one has not time even to read the war news, a fact which suddenly occurs to you one evening when you are hurrying to get the boat, so you run back a few paces to buy a paper and, incidentally, miss the 7.30 P. M. ferry to Ellis Island. The interim is three and one-half hours.

At 10.45 P. M. as you are seated patiently in the waiting room, somebody shouts that you will get the boat in the park (Battery Park); perfectly convinced that the world has gone mad, you, however, follow the crowd into the garden and find that saucy "Immigrant" snugly moored up against the sea wall.

One of the nurses in a frantic attempt not to miss the cutter one night, accidentally, put her foot into the void between the pier and the boat and narrowly escaped disaster. That did not distress her, however, for she was not afraid of drowning, but she might have lost her pass. That is the most terrifying thought here. Miss Jorgensen, chief nurse, who has been so good to us, has impressed profoundly on our minds the crime of losing a pass, with the subsequent necessity of explaining to Colonel K., commanding the port of embarkation.

Saturday night. The dormitory is the most amusing place in the evening, when all the nurses come back from town, their wares heaped high in their arms. It is a veritable Grand Street, when all the coats and dresses are hung up on the frames over the beds and bundles strewn all around. Articles are bought, sold and swapped, appraised, depreciated and cornered. Shylock would find some kindred spirits in the atmosphere of our little Rialto and his glittering eyes would certainly approve our spirit of bargaining. By the way, we have a feminine Harry Lauder among us, whose Scotch burr caresses the ether with a subtle touch. She is the most optimistic of people and, when the conversation hovers about U-boats, her only concern is whether Providence or sticking plaster keeps the sailors' caps on their heads.

Some of us went over early to take the ferry this morning. We saw Unit — embark. It was a tremendously impressive sight; the sky was blue and the sun shone brightly on the little procession of fifty nurses who looked so dignified and smart in their dark blue uniforms. They emerged from their quarters, marched silently along the quay of Island No. 3, and over the bridge to the chapel on Island No. 1 when we lost sight of them for a moment. Soon they came out of the building and marched, two by two, toward the little tender which was to take them out to their ship.

Their leader carried the flag, furled. That mass of color, crushed in her arms, made me tremble with emotion. It was like a tinge of blood, a dart of flame, an imprisoned thing seeking freedom.

It happened that a company of sailor boys, out for morning drill, was drawn up at "attention" right at the gang plank when the Unit embarked, which added tremendously to the impressiveness of the picture. But the silence was terrible; no fanfare of trumpets, no admiring friends, no flowers, only the grimness of parting. The little boat shrieked out a warning, warped away from the pier and silently disappeared around the Island.

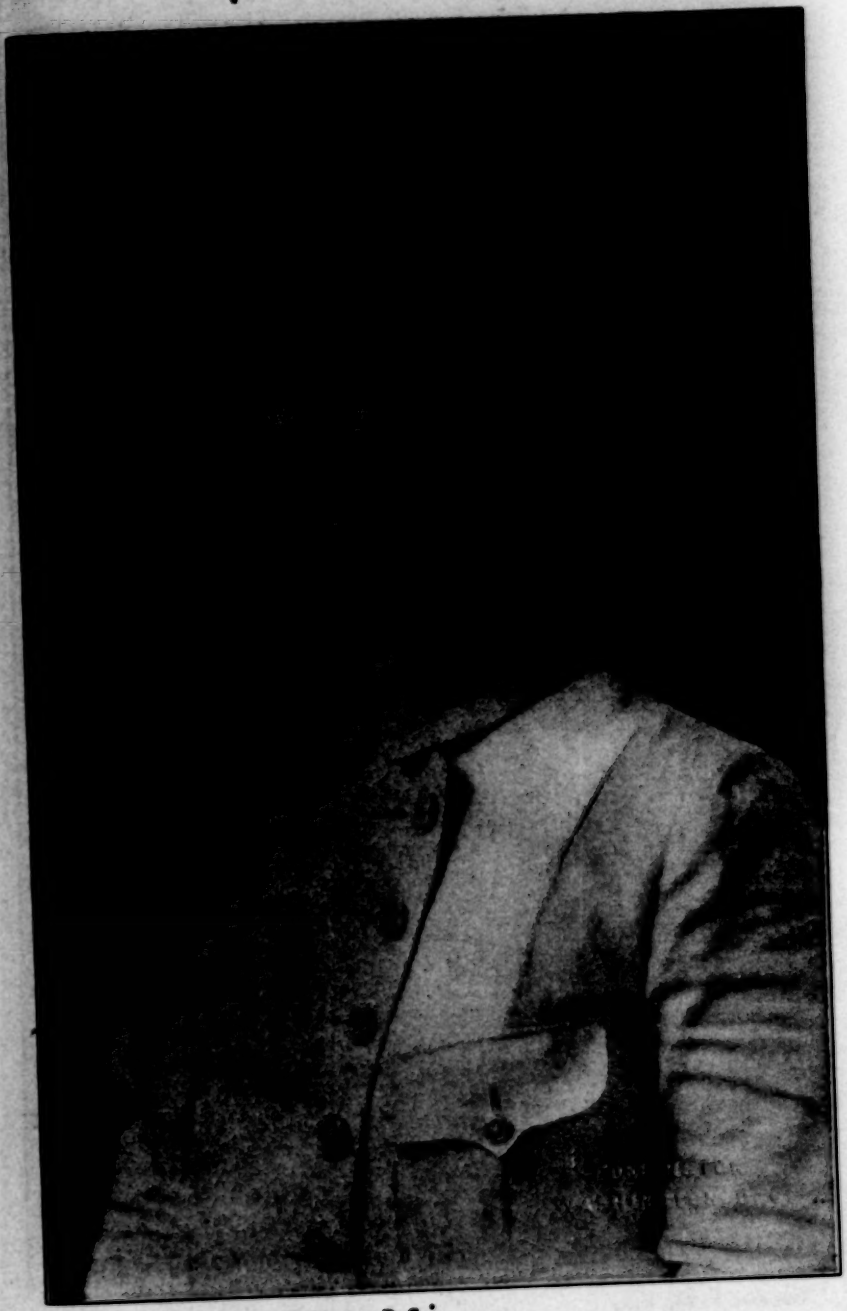
Friday. We received our equipment today. Great packages and hundreds of boxes came over from New York on the ferry. We stood up in line alphabetically to receive our consignment and marveled at the order and dispatch with which that great pile of things was dissipated. Every person's name was on exactly the right box, in exactly the right place, so that there was no confusion and, presently, we found ourselves back in our dormitory, staggering under our load of gifts. It was like an individual Christmas tree all around, and we are immensely grateful.

Too much praise cannot be given the ladies of the Red Cross for their untiring work, and I wish I could express to all those kind people how sincerely appreciative we are.

We realize what really hard work it is and how monotonous the packing of those kits must become after the novelty has worn off.

It is true that we, the nurses, have the excitement, the change, the danger perhaps, while they are getting the dull end of war, the stay-at-home part, which is always the hardest, and we bless them, every one, for these unnumbered comforts which will smooth our way "over there."

Some interesting facts as to its industrial operations have been published by the British War office. Its stock of cloth and flannel would go seven times around the world at the equator. The War office turned out 250,000,000 yards of material a year. About 1800 tons of crude glycerine, extracted from the waste food of the Army, has been sold to the Ministry of Munitions at £59 a ton, about $295.00. Under the old system the tin for jam rations alone required as much steel every month as would build a 800-ton ship; by using a wood-pulp board, 60,000 tons of steel a year are saved. 270,000,000 meat rations were sent to the Army last year and 84,000,000 pounds of tea.



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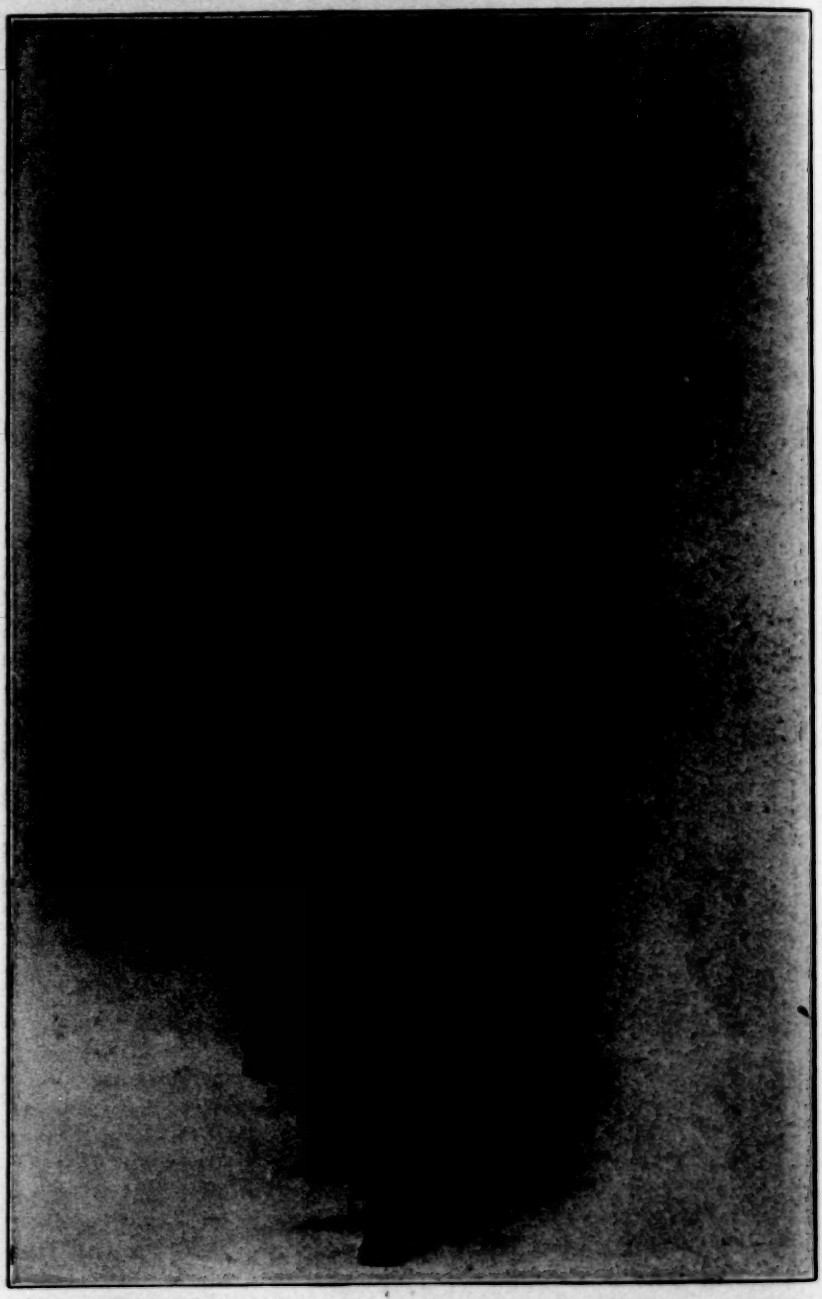
Lenah S. Higbee, R.N., Superintendent Navy Nurse Corps



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Uniform of Navy Nurse Corps Provided by the Red Cross for Foreign Service

THE EXPERIENCES OF AN EX-NAVY NURSE ON RECRUITING DUTY

By Elizabeth Wells Neil, R.N.

Des Moines, Iowa

The telephone summons me.

"Hello! I want to make an appointment with you to see about getting into the Navy."

"No, I am not registered in this state."

"Oh, yes! I graduated from a Chicago training school!"

"No, I am not registered in Illinois either."

"Well, I did not exactly graduate, but I can give letters from doctors saying I could not be a better nurse if I had taken six years' training."

After giving evasive answers for a half hour it develops she had been refused admission to the Army Nurse Corps and the Red Cross and having been told she is not eligible for the Naval Nursing Service, the wires sizzled with her railings at the Government Service which discriminates against those of her kind.

The women who are eligible for appointment in the Navy Nurse Corps are very elusive, and it is often necessary to pursue them for some time before an interview is obtained.

The first question asked by a nurse, when approached on the subject of entering the Navy Service is, "Will I have to go on the battleships?" When reassured on that point, she immediately thinks of hospital ships, and usually declares she "gets seasick if she even looks at a lake, and she cannot swim a stroke!" She thinks then the subject is closed. Out here in the middle west very few have heard of the big Naval base hospitals, situated in all the largest seaports, such as New York, Philadelphia, Boston, San Francisco, and Puget Sound. After a nurse is really convinced of the existence of these hospitals, she says she wants to go to France and "not to those out of the way places." One nurse, who is well informed on many subjects, told the writer very earnestly that more nurses would enter the navy if the Naval Base Hospitals were only in larger places!

Many nurses ask how they can get out of the service if they do not like it, and when told the Surgeon General will release them, for good and sufficient reasons, they frequently ask if a desire to get married would be considered a good reason. The girls at home find it so hard to get a true conception of the world in this fearful struggle. The thought of self and one's own comfort are uppermost in their minds.

Parents sometimes are responsible for nurses not offering their services. One girl said her mother was afraid she would be captured by the Germans and mistreated by them. Another mother told the ex-Navy nurse that she had only four daughters and could not spare one of them!

Ambition also deters the nurses. Many want to be appointed as Chief Nurses at once and are unwilling to serve as nurse; nor can they understand why they should not be sent forthwith to the station of their choice. The eastern coast seems to be especially desirable to the mid-western girls. A common question is, "Can I get transferred to another city whenever I wish?" and "Can I go into the Army if I do not like the Navy?" The fact that Uncle Sam is straining every nerve to transport troops and is forced to sell Liberty Bonds and Thrift Stamps to get money to pay the bills does not seem to curb the desire of the nurses for free Government transportation when ennui overtakes them.

Other questions asked are:

"Can I specialize?" "Do I have to specialize?" "What is the difference between Navy Nurse, Naval Reserve Nurse and Red Cross Nurse?"

The privilege of the Insurance Act is explained to the nurse and when she finds she must pay a monthly sum, much smaller than in civil life, she usually asks: "Is a nurse compelled to take out the insurance?"

Some nurses have good reasons for not entering the service, such as ill health, or dependent relatives, but in the majority of cases the excuses are absurd, as: "I am afraid of being seasick," "I wish to go to France," "I do not wish to go to France," "I am afraid of being sent to Russia," "I will wait until nurses are drafted," "The pay is too small," "I object to signing for the period of the war."

All honor and glory to the nurses who have responded to their country's call, but more are needed. Many girls are volunteering who have had no training whatever but are earnest and sincere in their desire to serve. It is pitiful and disheartening to find these girls anxious to give their services while many of those best fitted and professionally trained for this loyal work are holding back, waiting for better pay or rank to be conferred on nurses.

THE NAVAL HOSPITAL, NEWPORT, R. I.

By Mary Brooks, R.N.
Assistant Chief Nurse

The sinews of war are strengthening and tightening their grip upon us, gradually, steadily but consciously we are moving with the tide of events. A new order of things slips into place and is set in motion, adjusting, developing and advancing. The quiet, comfort, and luxury of our spacious 100-bed hospital of a year ago, have been superceded by the activities of a thousand-bed capacity hospital; occupied by the youth of the country, gathered from the length and breadth of our native land, casting their lot together in one great and common cause, and in some instances, sacrificing their lives just as bravely and heroically as those who are fighting in the trenches. Nor is this all, the process of growth has not yet been arrested, there are plans for still further expansion and the early summer will again hear the pounding of the hammer and the buzz of the saw in the hasty construction of additions or pavilions, to house more cots for the quota of lads who are swelling the ranks of the training camps and adjacent barracks.

This increased housing capacity for patients requires a greater and more efficient nursing service, for the sick must be nursed back to health as speedily as possible in order that they may continue their intensive training preparatory to entering actual conflict. The original staff of fifteen members of the Navy Nurse Corps has been increased to sixty-two and is still expanding. Consequently it has been necessary to increase the equipment of the quarters from time to time. To date, this has been accomplished successfully by requisitioning the roomy "annex" of our old quarters; a building with a large lower floor which has been transformed into a dormitory of fifteen beds, and ten rooms on the upper floor.

Three immense living rooms in the main building amply meet the requirements of the nurses off duty when they choose to gather for cards, music or dancing. In summer the large airy, vine-clad verandas invite relaxation and repose. There seems to be no small degree of rivalry for place, between the vines and blossoms, the delicately scented honeysuckle vying with the more gayly arrayed crimson rambler, but as the season advances both of these in their turn must quietly give way to the graceful festoons and tessillated screens of the little four-petaled white clematis that unreservedly offers both beauty and fragrance and remains with us until the glory of the summer days is past. The ample lawn with its trees and shrubs, furnish-

ing shade in abundance, makes it an ideal knitting and sewing room; the clicking croquet balls and the chatter of voices discussing the regulations of the game, are part of the summer-day program.

Nurses coming into the service from private duty or from duty in civil hospitals experience a divergence of routine as compared with other avenues of professional work to which they have been accustomed. The eight-hour day, which is perhaps the magnet that proves so attractive to most of those contemplating the Naval Service, is a boon to the average nurse. Adaptability and executive ability are the keynotes of successful ward management. The nurse has direct supervision of the hygiene and order of the ward, bedside instruction to the apprentices who assist in the nursing, performance of clerical work and strict supervision of the diets. No nurse has more than one daily meal coming under her service or attention. The breakfasts are supervised by the night nurses, the dinners by the morning nurses, and the suppers by the afternoon nurses.

No matter to which duty one may be assigned, there is ample time for leisure and for recreation. At this station there have been classes in music, French and dancing throughout the winter. There are no public places of amusement other than moving pictures, but a number of nurses enjoyed the skating in season, and during the pleasant months of the year, horseback riding is a popular diversion. Furthermore, the inevitable knitting disease that has attacked the women of the land, broke into our midst with unabated fury and those who previously have been considered immune to the fads and fancies of the day, are yielding to the elusive fascination of this working-relaxation as willingly and easily as flowers respond to the showers of spring.

Some are knitting for their own members who are in camp or already "over there," others for their friends, while still others have bent their energy in the direction of the Red Cross, to which every one has contributed in one or more of its several avenues. The ties of kin seem to intermingle with those of friend, for every one is doing something for someone.

But the quarters and the hospital reservation with its shady greensward rolling down to the water front, dotted with tents, and wheel chairs and benches and Nantucket hammocks for the use of the convalescent sailor boys, are not the only ideal spots in Newport. It is not only a quaint, old, historic town with colonial doors and narrow streets and crooked lanes, but it is one of the veritable garden spots of the world. Nature, with the assistance of man, seems to have run the gamut of extravagance in her display of foliage and blossoms. Such prodigious variety of trees and shrubs, such a riot of color among

Front View of the Naval Hospital, Newport, Rhode Island

Tents in Use in the Summer of 1917, Naval Hospital, Newport

Rear Verandah, Nurses' Quarters, Newport

A Corner of the Porch, Nurses' Quarters, Newport

the flowers! The Cliff Walk with its magnificent demesnes on one side, the constant roll, and irridescent hues of the water on the other, together with the bracing air, constitute a never-ending source of pleasure, while the splendid, celebrated, rock-ribbed Ocean Drive, the most picturesque of its kind on the eastern coast, always presents a variety of beauty in its ever-changing, ever-new, kaleidoscopic scenes and views.

So knitting or bathing, driving or riding, walking, and finding bird sanctuaries and haunts for wild flowers, constitute a wholesome and pleasurable list from which one may choose diversion after the day's work is over. When we consider that it is for duty rather than for pleasure that we are here, we may rightly feel that it is a privilege to serve our country as a member of the Navy Nurse Corps.

HOW BLUEJACKETS ARE TAUGHT AT THE UNIVERSITY OF MINNESOTA

By Willard Connely, U. S. N. R. F.

It is a new experiment for sailor students to be admitted to a medical college, as it is a new and essentially valuable war work for nurses to assist in training these Navy men. Several of the noted schools for physicians, especially those located near navy yards, might be in a position to undertake this national service in which it has fallen to the lot of the University of Minnesota to be a pioneer. To survey the expansion of the specialized U. S. Naval Training Schools in Minneapolis, established last August, is to see at once that a feature of distinction and excellence rests in the course offered the hospital apprentices, preparatory to their work aboard Uncle Sam's fighting ships.

In May, Commander Warren J. Terhune, U. S. N., commandant of the station, will send the second hundred men, qualified for pharmacist's mates, to duty somewhere on the Atlantic coast or at sea. The first hundred, not a few of them destined for service with the Marines in France, have been, since January, actively engaged in nursing our incapacitated bluejackets.

"There is not one thing that I have been asked to do," appreciatively wrote one of the "graduated" hospital apprentices to a nurse who had instructed him at Minneapolis, "that I can't do better than it is usually done. On my first case I prepared and administered hypodermics, did charting, took temperature, pulse and respiration, gave alcohol sponges, baths, care of the mouth and teeth, used hot water bags and ice caps, and cooked certain forms of diet."

Such a statement is no ordinary testimonial; it is a tribute.

For the first month of the four months' course, the teaching is confined to the medical school, including the institute of pathology, the college of dentistry, and the institute of anatomy. There are lectures and recitations, then supplementary experience in the laboratories and dispensary. It is held that this preliminary knowledge is indispensable if the corpsmen are to grasp comprehensively the fundamentals of practical nursing as given at the University Hospital during the three final months. During this time the men have a course of lectures and experimentation in pharmaceutical chemistry, minor surgery and first aid, anatomy (with weekly practice in dissecting), physiology and hygiene, bacteriology, and the principles of dentistry in normal conditions.

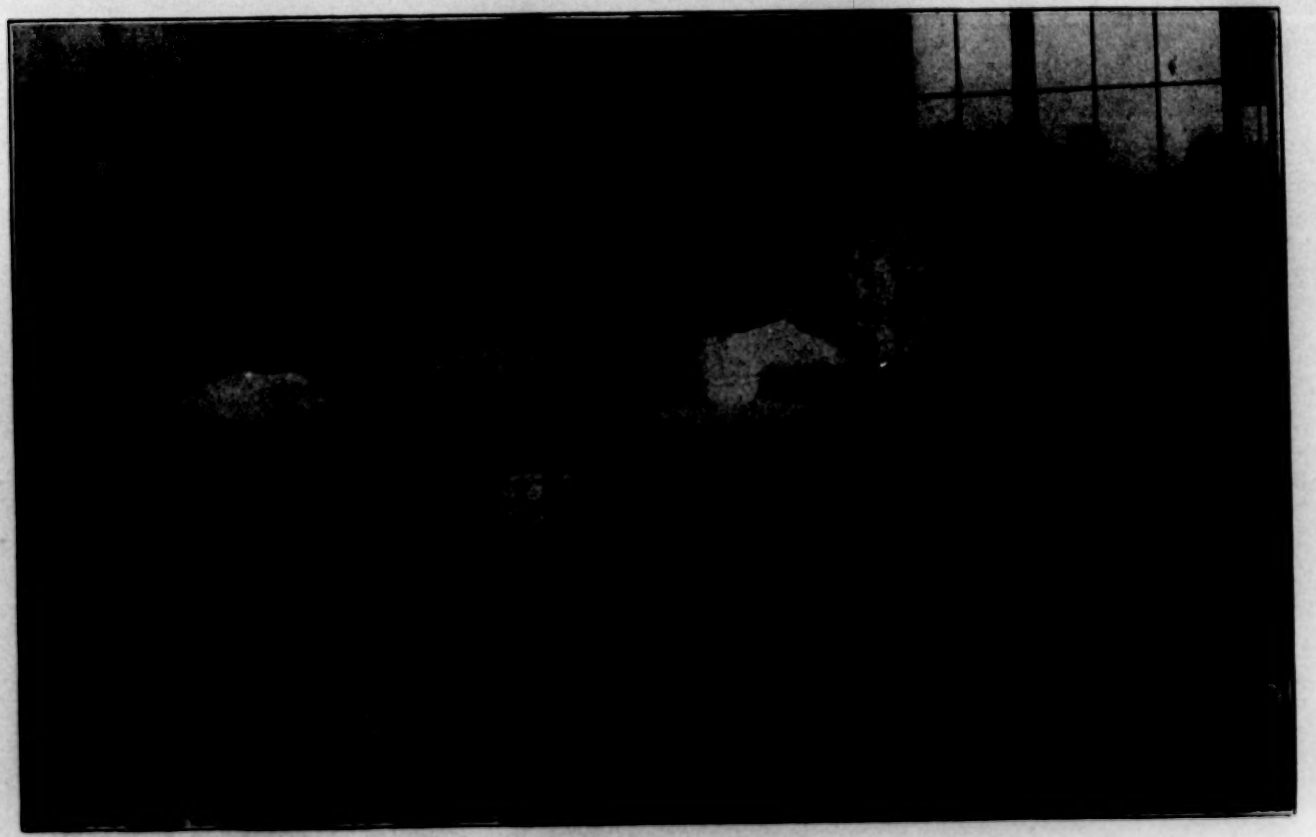
When the nursing instruction begins, the advanced correlative training in the foregoing subjects is given chiefly in the mornings, while one or more divisions of the sailors (five divisions of twenty men each) are engaged in hospital work throughout the afternoons. This teaching is directed by Louise M. Powell, superintendent of nurses, by Marion Vannier, assistant superintendent, and Gertrude Thomas, dietitian. They are aided by a staff of head nurses and undergraduate nurses, and the latter also help at the medical school clinics where the sailors obtain practice in diagnosing and treating cases in dermatology and eye, ear, nose and throat.

The course in bandaging, conducted by Miss Powell, is in six lessons, each lesson covering one and one-half hours. The first lesson embraces the fundamental facts of the art, preparation of bandages, how to roll, the principal turns, starting, and the requisites for ending. The apprentices practice upon one another, beginning with the gauntlet styles, tips covered and uncovered, then the spica of thumb. For two-inch widths they learn the spiral reverse and figure 8, upper extremity. Next the same kinds for foot and leg, two and one-half inch, and the Barton, double oblique of jaw, and recurrent head. By this time many of the bluejackets can wield the gauze as expertly as they used to throw lariats (it happens that to date all of these students have been detailed to Minneapolis from the far western states). Proceeding to the more difficult types, Miss Powell teaches the crossed one eye, both eyes, and the mastoid, followed by the Velpeau, including the spica shoulder, triangle as Velpeau, triangle sling, hand, foot and cap. The last sorts learned are the handkerchief head and the four-tailed group: occiput,[a] vertex, and neck. Then the course is rounded off by demonstrations in adhesives and plaster casts. This work has proven so engaging to several of the men that they have expressed a wish to become specialists in it. In these days, they say, a man "must be some kind of a specialist or bust."

Experiments in Chemistry Pave the Way for Understanding Materia Medica and Therapeutics

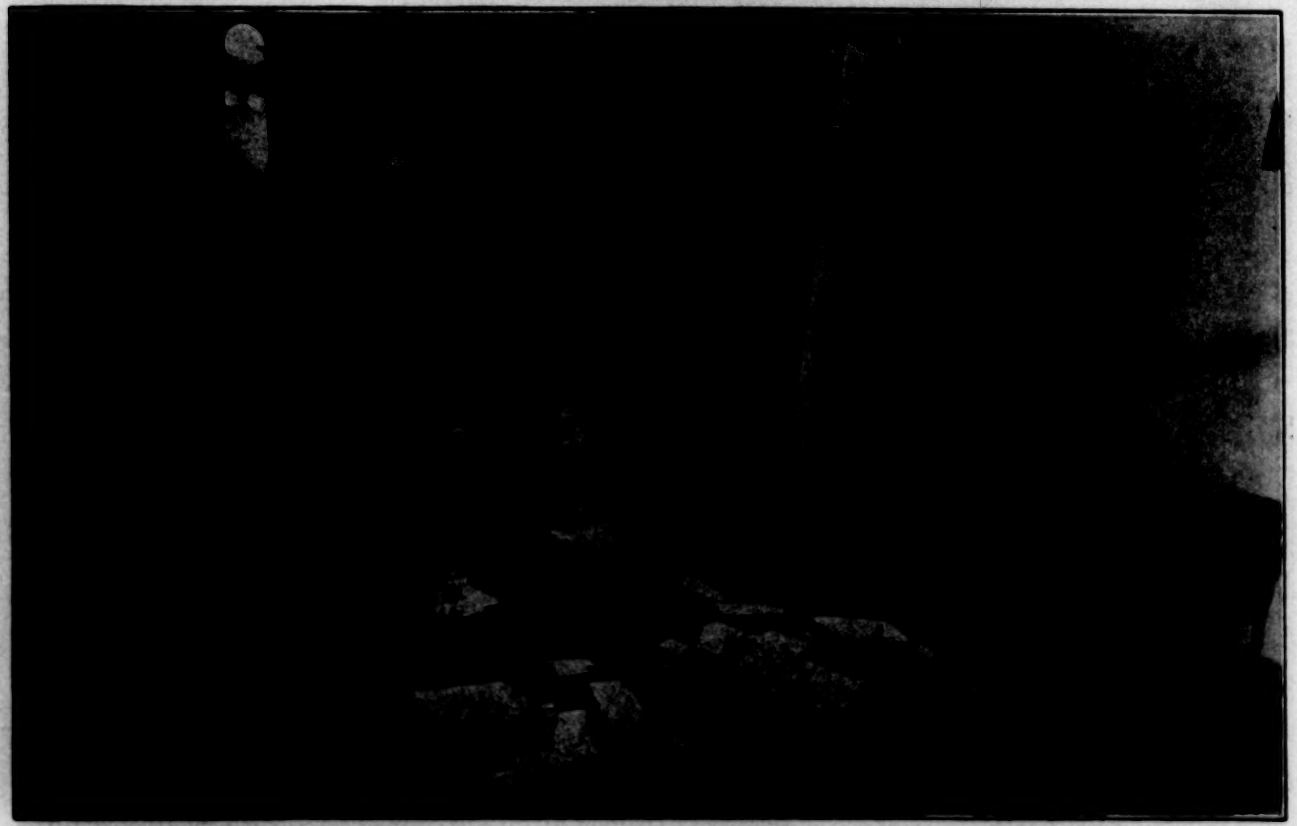
Learning to Administer Subcutaneous Injections

In the Eye Clinic



The Men Learn to Clean the Teeth, to Extract and to Make Temporary Fillings

Learning Food Preparation



The Class in Clerical Procedure

In a room at the University Hospital Miss Vannier gives ten demonstrations in practical nursing. After observing each Monday the methods employed, the corpsmen put in the rest of the week in the classrooms or wards where, in sections of five or ten, they receive individual supervision at the hands of the assisting head nurses. The demonstrations are given before fifty men at a time, in periods of an hour and a half duration, and after some ground has been covered, demonstration quizzes too are held, to check up the work which has been carried out in the wards.

As may be supposed by the profession, the first lesson in practical nursing is bed making, with and without the patient, to make the bed tight, and "smooth as a billiard table." To help win the war, however indirectly, convalescents volunteer boisterously to pose for the benefit of the sailors' instruction. Use of the back rest is shown, and of the cradle, the air cushion, pillows, pads, cotton rings, and swing. Then they learn to compute a hypodermic dose, for example, "how to get a sixtieth out of a fiftieth," and the technique for preparing the needle and injecting the drug. The second lesson takes in the bed bath and toilet, special care of the back, preparation for the night, giving of medicines, and taking of temperature, pulse and respiration. Convalescents who wish their recovery speeded up (or would you say retarded?) are sent into the ward at the mercy of the sailors. The next demonstration goes on with special care of mouth and teeth, washing the hair in bed and treatment for pediculosis, disinfecting excreta and bedding, preparation of specimens, and charting. Then comes, of course, the "hot and cold" lesson, compresses, turpentine stupes, mustard foot baths, mustard plasters, flaxseed poultices, hot water bags and ice caps. Those preparations which require "cooking" are made by the corpsmen in a side kitchen and are straightway taken into the ward and applied. Likewise there is classroom work separately for sections of five men in such details as hypodermics and charting, so that the important sub-topics are learned unforgettably.

Preparation for operation, the ensuing subject, is of the highest interest to the bluejackets because it introduces them to their prospective duties as actual surgeons' assistants. Their morning work in the medical school has by this time familiarized them with anesthesia and antiseptics, the particular anatomy, physiology, hygiene, and physiologic chemistry, with the result that every apprentice is eager to supplement his knowledge in the operating room. Moving and lifting the patient to stretcher, preparation of the ether bed, post-operative care, turning and lifting the patient in bed, and getting him up in a chair constitute the technical points taught. Opportunity is

provided for the sailors to "scrub up" for operations, and to assist materially, under the watchful eye of the nurses attending.

The course proceeds with expression of stomach contents, lavage, gavage, irrigation of eye, ear, nose and throat, and instillation of drops, then the pneumonia jacket and the Priessnitz compress, cold sponge to reduce temperature, cold pack, hot pack or sweat bath, and inhalation. The internes follow with demonstration of enemata, enteroclysis, catheterization and bladder irrigation, shaving of patient for operation, application of perineal dressings, and precautions in care of venereal cases. The next lesson shows preparation for venesection, lumbar puncture, hypodermoclysis, paracentesis of chest and abdomen and the application of abdominal binders. Concluding this broad course, in the tenth demonstration are embodied technique for clean and soiled surgical dressings, Buck's extension and the use of sand bags, and the operation of sterilizers and tanks.

Miss Thomas' schedule of instruction for the invalid cookery classes extends over the same period of time as the work in bandaging, six lessons, with a total of nine hours' schooling for every sailor. Similarly, too, the corpsmen are taught in sections of twenty. Naturally the first lesson is on theory, with rudimentary definitions, food classifications, caloric values, chemical and mechanical digestion, points to be observed in service of food, general care of laboratory materials. Beginning with liquid diet the men prepare peptonized, albumenized and farinaceous beverages, ice cream (which they eat very rapidly), eggnog, junket, broth, gruels and the like. For semi-solid diet they are given the cookery of cereals, cream sauce, cream soups, eggs, milk toasts and the simple desserts. Since each bluejacket is provided with a stove, utensils, and his own ingredients, individual skill can be judged. (Such a method, made possible by abundant facilities, is obviously the keystone of the entire training.) In light diet the cookery of meat and vegetables is taught, scraped beef, chops, fish, baked fruit, and the dependable baked potato. Steak, mashed potatoes and other vegetables, and farinaceous desserts are given for general diet.

"There's only one trouble with this cookery course," said one of the sailors as he swallowed a large charcoal tablet, "they ought to give it to us during the lunch hour."

One course, and only one, is not taught by nurses or by medical professors. It is the work in clerical procedure, presided over by a chief mate. Here the corpsmen learn to write up the binnacle list, morning report of the sick, monthly statement to the Bureau of Medicine and Surgery, and orders for supplies. Concurrent with this work is a series of lessons in sick bay management.

INSIDE A CAMP WINDOW

By Mayme E. Williamson, R.N., Army Nurse Corps
California Base Hospital, No. 30

Of course we were bound for France or to that great "Somewhere, Over There," and anyone who thought we were not was quite mistaken. But there is many a slip twixt the cup and the lip, as you see, for one night I was arriving late for French class and wondering how to explain my missing the previous boat, when all of a sudden I spied a messenger boy holding a telegram for our Chief and I took it and marched boldly into the class-room thirty minutes late and when she read it, well, anyway, she never did ask me why I was late. You know we are always punctual in the army. The finale of the telegram was that in two days we marched out of Uncle Sam's great guest house and boarded a boat for Jersey City and that was the end of our sea-faring, we did not even get seasick.

Of course there were trains going south and we took one, every one of us, sixty-five strong. We were not exactly going to a funeral, but something on that order. After a while our dear Chief came to us and shook hands and said *au revoir* and God bless you. Her face looked sad for we were her "steen" children and we were going in five different directions. Fifteen of us got off at Baltimore and the rest stood on the steps of the train and the back end of cars and everywhere visible and sang, "Pack up your troubles in your old kit bag and smile! smile! smile!" We started out for Camp Meade and had a wreck on the way, but we smiled, smiled, smiled.

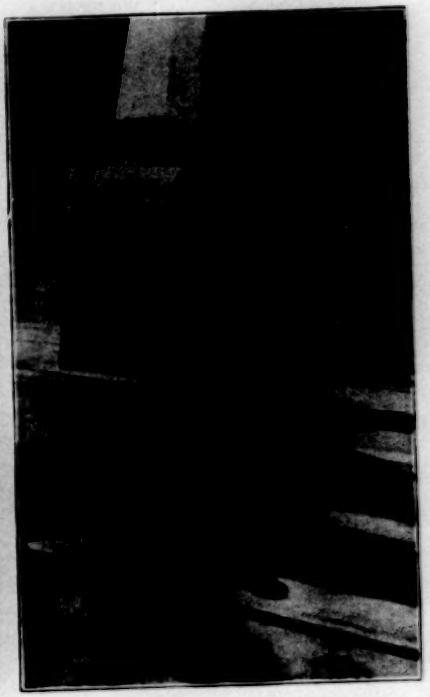
We arrived late at night and all of the nurses stayed up and gave us a right royal welcome. We had already made up our minds before reaching Camp that we were going to have hot biscuits, colored waitresses and southern hospitality and sure enough that dream actually came true. We were met by a motherly sort of lady with a drawly, sweet southern accent and she said, "Girls, would you all like to stay in bed tomorrow morning and rest, as your trunks are not here?" We all shouted "Yes" in chorus, for we were tired. You know getting equipped, studying French and chasing sub-trains (not submarines) is strenuous work. She took us, amid shouts of "Hail California nurses," and "Welcome to our city," etc., to our room,—not rooms. There were thirty-five hospital beds in the ward, our dormitory, two dressers and a chair now and then. We looked like patients when we were all tucked in and it didn't matter in the least if someone wanted the window shut and you wanted it open, or someone wanted it open and you wanted it shut, or if they knocked your hat on the floor when

they were trying to find a place to say their prayers, or if they put your shoes on tomorrow morning instead of their own, or if you wanted a bath right away quick and you got it in two or three hours. Oh, no, these were trivial things. We were joyful and happy for we were going to be up and doing. It would not be "Over There," but it would be with our American boys just the same and we were glad to be of service anywhere. And this was our first night in No. 9. When we sailed away into the oblivion of sleep, our dreams were pleasant and our prayers were happy for the soldier boys, amid the breath of pines in the snow-covered camp.

The next morning, about ten o'clock, two of the nurses who were off duty trudged into No. 9 loaded with goodies from the canteen, oranges, sandwiches, crackers, milk and cookies, a feast fit for the gods. This was our breakfast in bed and the end of a perfect day-dream. Very soon our trunks arrived and we began to unpack them. We put our necessary articles of present and future need under our pillows, under our mattresses, and hung the rest up on the floor. It was great fun. Ward 9 took on the immediate appearance of a second-hand clothing store. We fairly flew into our uniforms, so eager were we to investigate the big pine, summer-resort-looking, buildings. There were miles of halls to go through before one reached the ward numbers. You may be sure the boys were glad to see us for every new nurse meant a new bath and better care. Some of them had not had baths in a long time for there had not been enough nurses. After we would get them all fixed up, nice and comfortable, they would start singing or whistling, "I don't want to get well for I have a wonderful nurse." They sang it morning, noon and night, until I began to wish somebody would write another one for them to change off on once in a while. We had some very sick patients in contagious wards but fine courage was displayed.

If the soldiers of the Rainbow, Empire and other divisions of the Sammies show as much bravery in combating the foe as the sick Liberty Boys showed in getting well, there will be great victory soon. They were impatient to get well so that they could lick the Kaiser. They never complained, no matter what they had to eat, and sometimes they did not have very good things, but they were thoroughbreds and we nurses just loved to nurse them for we felt we were doing a big bit to win victory. The boys amuse each other with their efforts at rhymes,

A sweetheart Marie
Wrote a soldierie
And asked if he
Was a public-ee
Or a privatee.



Irish Mickie, a mumpie, in Ward E wants pay rollee for wifie, not a dam centee in monthsie, and so this is the way Irish Mickie is pestered in Ward E.

We let them have their fun and tried to cheer them up and sometimes they needed to be cheered up.

One day I ran onto a strange case. I knew he was not considered to be very ill but he seemed to have lost his grip and for no reason whatsoever he was actually standing on the brink of going west. So I said to him, "Mr. ———, do you not want to get well and go over to France with your comrades?" and no sign of response from him. So I said, "You know in a few days when you get a little stronger you will have a furlough and go to see your folks." He looked slightly interested, so I ventured farther and said, "But you won't if you do not try harder, you are not very ill, you should be sitting up now, please make up your mind to get well quickly." The next day he was fine and all he needed was arousing. He continued to gain and in a few days he was so full of pep that everybody in the ward was laughing continuously at his jokes. He was possessed with superfluous energy after he was aroused, until it became very hard to subdue him. He did not like baths. One day I was to give him one and he begged off, saying he was too cold. The next morning he knew he would surely get one, so he asked the night nurse to give him a clean pair of pajamas and she gave him a gaudy pair with a coat of violet shade and pants of pale green and he was surely dressed up. When I arrived with his bath water he told me Martha Washington had given him a bath and I thought he had grown delirious. So I said, "Well, pray, who is Martha?" and he said, "Oh, Martha, she is the night nurse, she gave me a bath and dressed me up for George's birthday at six a. m.," and with that he tossed back the cover and displayed those wonderful gay colors. So that night I said to the night nurse, "Why did you give M—— a bath so early in the morning?" and she replied, "I did not." So we arranged that she should tell him there was a bath ordered at twelve o'clock that night, etc., and he got a real bath that next morning, a sure enough one. So the psychology of it was this, that he did not die because he got cheered up first. And we have to do a lot of that, especially "Over There," they say, and we are going to do it, for it is worth while, for the boys are everything. God bless the boys, the khaki-clad boys, the Y. M. C. A. and everything that is good for them.

Arise, nurses, and join us. Your country calls you. That is the cry and are we going to be less ready to answer than the men, our brothers, are to answer the bugle call? Of course not, we are going to do our share. General Gorgas wants 30,000 nurses and this our glorious opportunity has come and never before in the history of the

world have we women, nurses, played such a wonderful part in time of war. Florence Nightingale created the profession of nursing out of the chaos of the Crimean War and we are going to create a greater profession, a higher standing for nurses out of the chaotic conditions of this world war. Every woman who is not a nurse envies us. The society ladies and women of position and affluence would love to take our places and nurse their loved ones, only they do not know how. We know how and it is great to fill the most important position, an aid to humanity, in a hospital ward of the upside down world of today. I would not be anywhere else. Everything we do in the Army is interesting, especially now that we must help, we women, nurses, to do our share in creating a new world, that in which brother-love rules.

PATRIOT OR SLACKER?

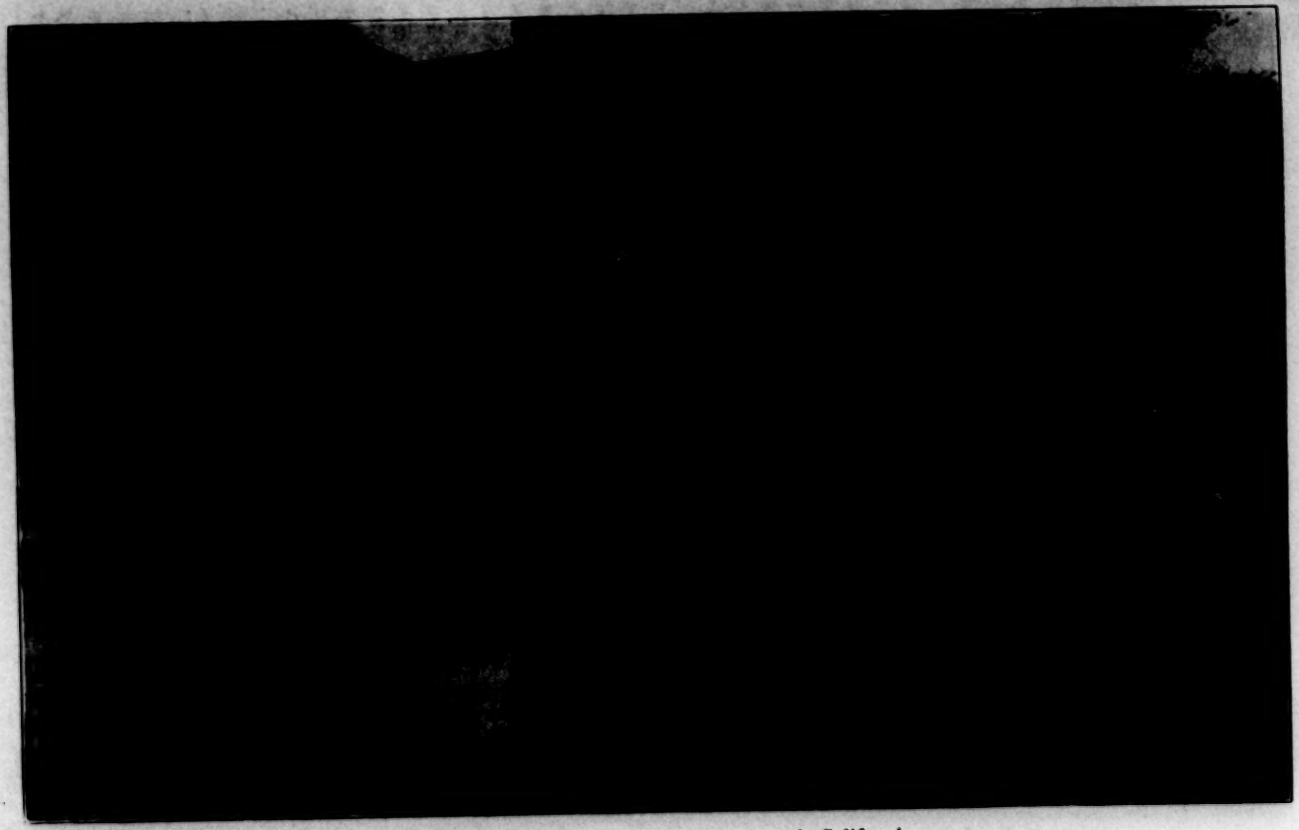
By Mary H. Humphrey, U. S. N.

If patriotism means anything to American men and women, it must mean, at this time, surrender of self-interest, and an earnest desire to serve one's country in whatever capacity an individual is best prepared. To the nursing profession, this patriotism should have the same appeal that it has to every able-bodied man. All graduate nurses should feel it a duty to their country to offer themselves to one of the three branches of the national service, the Army, the Navy or the Red Cross. To do this may involve financial loss and more or less self-sacrifice, but it is the one service nurses can best render their country and the need for those services is so great that all who indifferently neglect to offer themselves must be classed with the "slackers."

To serve at the front is a great privilege and a wonderful experience, but no greater or more wonderful, from an humanitarian standpoint, than to serve in the hospitals of the Naval Stations or in the Army Cantonments. The patients in these hospitals are largely young men, who in the hardening process incident to the change in living conditions in the camps, as compared with the comforts and luxuries of their home life, succumb to the attacks of the various germs which are found to prevail where so large a number of men are massed together.

They need more careful nursing at this period in their military career than later, when nature has been fortified by severe muscular exercises, plain nourishing food, and the body hardened by exposure.

The urgent need, as expressed recently by the Surgeon General of the Army, for 5000 nurses to volunteer for service, should inspire every nurse with such patriotic fervor, that more than the number called for will respond.



Entrance to Naval Hospital, Mare Island, California

DUTY AND DIVERSION IN GUAM

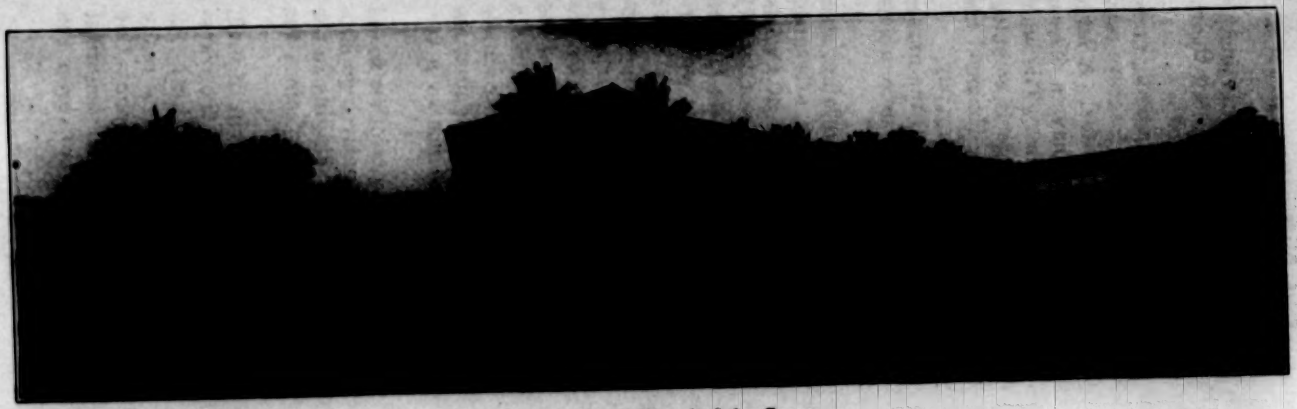
By Frederica Braun

The Naval Hospital in Guam differs from any other hospital in the Naval Service. Officers and their families, civilians, enlisted men, and the natives of the Island, all depend on the United States Medical Corps and Nurses for medical care and attention. There is a small private hospital, "Susanna," (in part endowed and also supported by fees from the patients); a ward for enlisted men, and two native wards, one for men and boys over ten, and the other for women and children.

The hospital is situated in a beautiful part of Agana, the capital of the Island, with a population of five thousand natives, and about one hundred Americans. On one side of the hospital are the Plaza and the Palace, the home of the Governor of Guam, always a Naval Officer; and the Government offices. The Plaza is a very large grass acreage, with many cocoanut palms, a band stand, tennis courts, and a wonderful view of the hills and mountains. Guam has many hills and a few mountains and waterfalls, with good roads of coral formation.

The nurses' duty in Guam is varied and interesting, and is an excellent field for the nurse who has had or desires experience in public health and welfare work; there is also experience in tropical diseases. From thirty to forty children are always having "the treatment"; as fast as one set is ready to go out, another comes in. The treatment lasts from ten days to three weeks, and while the children are there they are examined very much as we would examine school children in the States, and if there is need, tonsils and adenoids are removed. These children are very bright and we hope much from future generations in Guam. When the Americans first took the Island, in 1898, the mortality from child-birth and among infants was appalling. A training school was started by the Medical Corps for native nurses; since the Navy Nurse Corps was established, part of the duty in Guam is to train these young women as midwives! They do remarkably well in this line and are trained so well that if anything abnormal occurs, they rush their patient at once to the hospital, sometimes by auto, sometimes on stretcher and very often in bull carts, occasionally in fish nets.

As a race, the Chamorros are superstitious and have been taught that an evil spirit will get them if they leave window or door open at night, so they sleep with everything tightly closed and as the houses are most primitive, having usually but two rooms with the entire family sleeping on the floor on straw mats, imagination can supply the air



The "Susanna" Hospital in Guam

A Street Scene in Agana, Guam

"or lack of it." Tuberculosis claims many victims and this is another evil we are controlling by educating the people, and through the intelligent children, the housing conditions will be improved.

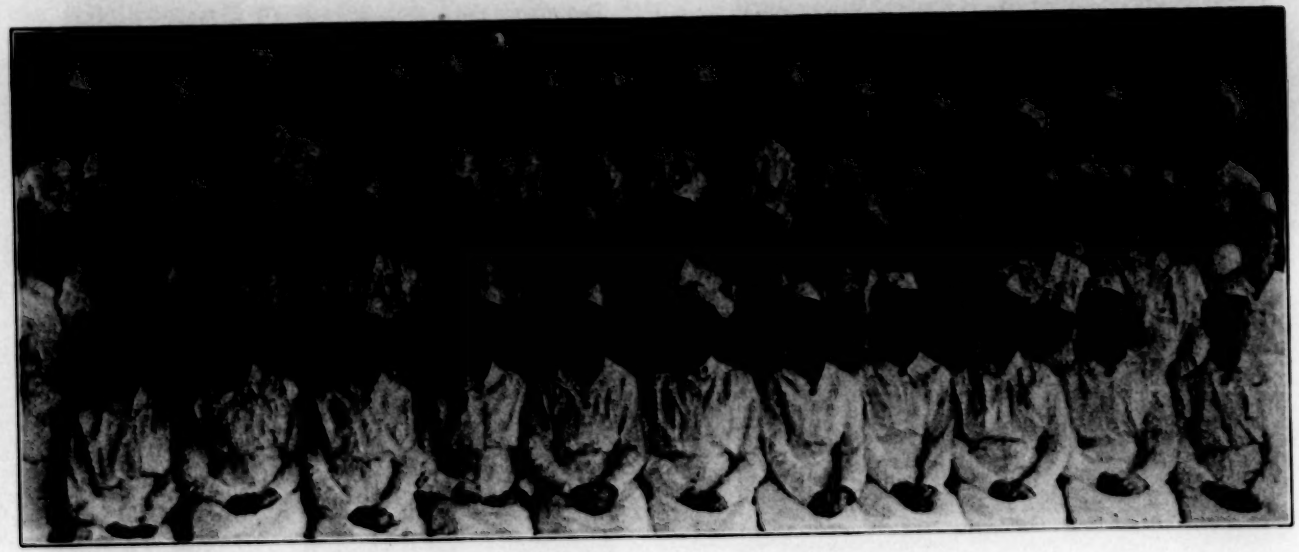
There are queer accident cases; such as injuries from being gored by caraboas, falls from cocoanut trees causing unusual fracture complications, also there are serious infections from fish bites. A large number of the natives have gongosa, and the children have a disease named yaws, both of which respond quickly to treatment. The ward for enlisted men is always filled and the operating suite is complete with all that is needed for any case. At the Susanna Hospital the families of the officers are given treatment for which they pay.

Quarters have been rented by the Government and all the nurses live together. The usual eight-hour system of duty is in force, unless an emergency arises when all cheerfully do "extra duty."

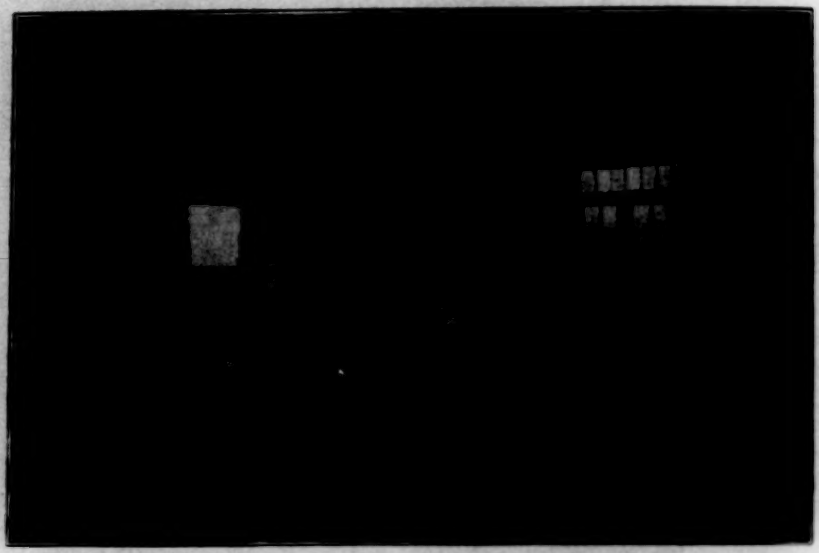
For amusement and recreation there are tennis, swimming, auto riding, walking, dances, and moonlight picnics. Every afternoon autos run from Agana to Peti for swimming; the water at Peti is deep and still and fine for that sport, and the sunsets are wonderful! Dances at Dorn Hall are held every week with music by the Marine Band. The picnics are the best kind of fun, the moonlight is wonderful, shining on the white beach, and the sea sounding on the reef; there are good things to eat and drink, and we usually end with songs and a big bonfire. The nurses join the tennis club and the courts are of the best, even the balls are picked up and brought to one by the little native boys; and the "walks" just as the sun goes down and the darkness comes! The darkness comes in the tropics quickly, like a curtain let down, no twilight. In the natives' houses appear candle lights or tiny lamps and the white roads and beach gleam against the dark palms, it is like a fairy land, and creates a spell not soon forgotten.

On night duty one hears the sea all the time, and every other sound is stilled; early in the morning, before it is light, the natives go slip-slip to church, a never ending procession it seems. The singing in the church, and even the service, can be heard; then quickly comes the wonderful sunrise.

There is the excitement of transport day, with its freight of mail, magazines and packages, and the people coming ashore from the transport; we are glad to see new faces and most of all new clothes! All these things keep one satisfied for a reasonable time and one really learns what it means to love one's country in this Island spot. Our hearts are thrilled when the band plays "colors," and our beautiful flag comes down, while everyone, as far as eye can see, even the smallest native child, stands "at attention."



Group of Nurses at Camp Devens



Living Room, Nurses' Quarters, Camp Devens

Dining Room, Nurses' Quarters, Camp Devens

CAMP DEVENS, MASSACHUSETTS

By Jane G. Molloy

And let the beauty of the Lord our God be upon us; and establish thou the work of our hands upon us; yea, the work of our hands establish thou it. Psalm XC:17.

Camp Devens is named after General Devens, of Civil War fame. It is in the 76th Division; up to the present instant it has adopted no nickname. Its development is a feat of engineering. Within three months a densely wooded stretch of country was changed into a modern city.

The camp is spread over 10,000 acres; twenty miles of road were laid; four hundred miles of electric wiring were done; and sixty miles of heating pipes connected, all in less time than is ordinarily taken to build our municipal buildings.

Figures will not give an idea of the camp as a whole; neither, as far as I know, will anything else. It is a little world that one must see for herself. The hospital itself is a little town. Its corridors measure three and one-half miles. They are enclosed, and each is named or numbered as are streets in a well-laid-out town. The wards are numbered just as are houses in a city block. These wards are well lighted, well ventilated, well heated and well filled.

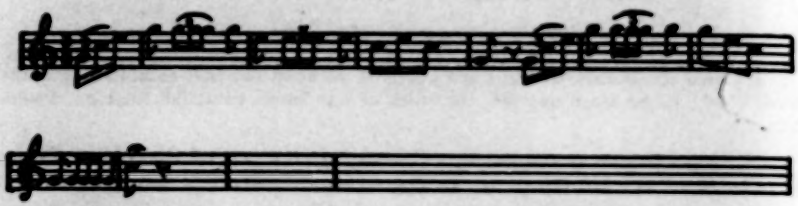
The nurses' quarters might be described in the same words. We, the nurses, received much unmerited sympathy during the winter. In the hospital and quarters the mercury never fell below 65 degrees, F., although in the open it fell as low as 35 degrees below zero. Friends who came to sympathize, went away envying us.

Our quarters are very comfortable, considering that we are at war. It is true, we are crowded, but we have a delightful living room; a good piano; a cheerful tea table, well supplied with everything needed; a goodly supply of reading matter, calculated to satisfy a wide range of fancy; and, take it all in all, it would be hard to find just cause for complaint.

Military life, especially in a training camp, is so different from the everyday life of a civilian, that there is no ground for comparison. Even the language is different. Indeed, "What is that in the vernacular?" is no unusual question.

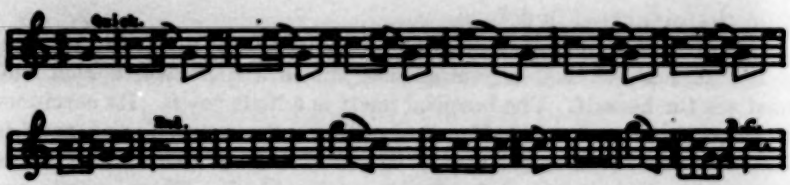
If I wished to be facetious, I would say that the bugle sounds the military note in the Army. I have heard the bugle defined as a musical instrument that tells you what to do, and when to do it, for instance:

"First Call" tells you to get up, and this is how it does it:



"Awake—awake—it's time to get up—to get up—to get up."

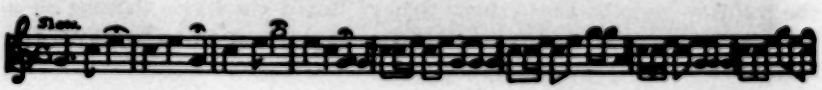
Then "Reveille":



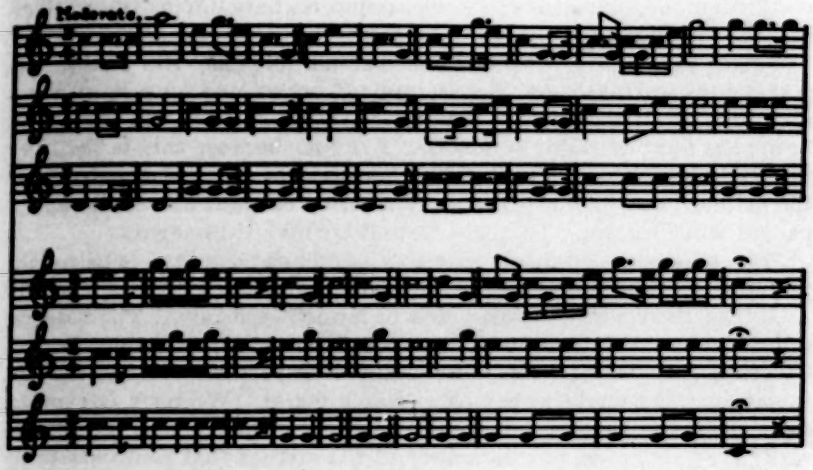
"I can't get 'em up—I can't get 'em up—I can't get 'em up in the morning. I can't get 'em up—I can't get 'em up—I can't get 'em up at all. The Sergeant is worse than the private, and the Captain is worse than 'em all. I can't get 'em up, etc."

Then the ever welcome "Mess Call"—

The sweetly solemn "Church Call"—



"Retreat"—



And "Taps"—

The duties of Army Nurses are such as are usually performed by trained nurses in civil hospitals of like general character.—M. M. D.

If there were no patients, there would be no need of nurses.

I do not believe that any nurse is ever "overworked" in the Army. This is due to the fact that the nurse is completely and gloriously "off duty" when she leaves the wards. The nurse taking her place assumes the responsibility, to be relieved in turn at a given hour.

This complete dropping of all responsibility, and the opportunity to relax and enjoy the interval between the hours of duty, has much the same effect on the nurses that the shedding of its bark has upon the lime tree.

The air of London is so charged with deadly acids that the lime tree alone flourishes there, for the reason that it sheds its bark each year, thus casting off the defiled garment.—Newell Dwight Hillis.

There is no dearth of entertainment in a military camp. There is something going on at all times. It is work for the company to "drill," but it is entertainment for the observer. I have yet to see a play staged that can compare with the "Awkward Squad," as a laugh producer. Many will be surprised that most of the best plays of the

season have been produced at our camp theater. The Boston Symphony Company gave one of its finest concerts here during the winter; and the "movies" are always to be seen.

And yet, above, around, and behind all this, the great, the stupendous work goes on: the training of brawn and muscle, of mind and will, of all the country's manhood, that *we* may win the great fight; the fight of right, of justice. I say *we* because this is the time for the womanhood, as well as the manhood of our country, to show the material of which it is made. The Army changes no one, it simply proves what we are. To quote Newell Dwight Hillis again:

> Nature permits no flower or fruit to conceal its real self. The violet frankly tells its story; the decaying fruit frankly reveals its nature.

"But the strongest man needs to 'await occasions.' The essence of all good work is timeliness," and this is our time—our opportunity. The time for, "Oh, if I were only a man!" is passed. Vast issues are involved. The world is not all a man's world. We have our part; and now is the time to "play well" our part. Our country needs our skill, our gentleness, our patience; all the virtues that centuries have stored up in us. Our womanhood is called upon for its "gentleness that is not weakness," its gentleness which is controlled strength; for its energies wisely trained, wisely used. The test of all great work is the ease with which it is done.

As I began with a quotation, let me finish with one from "The Man Without a Country":

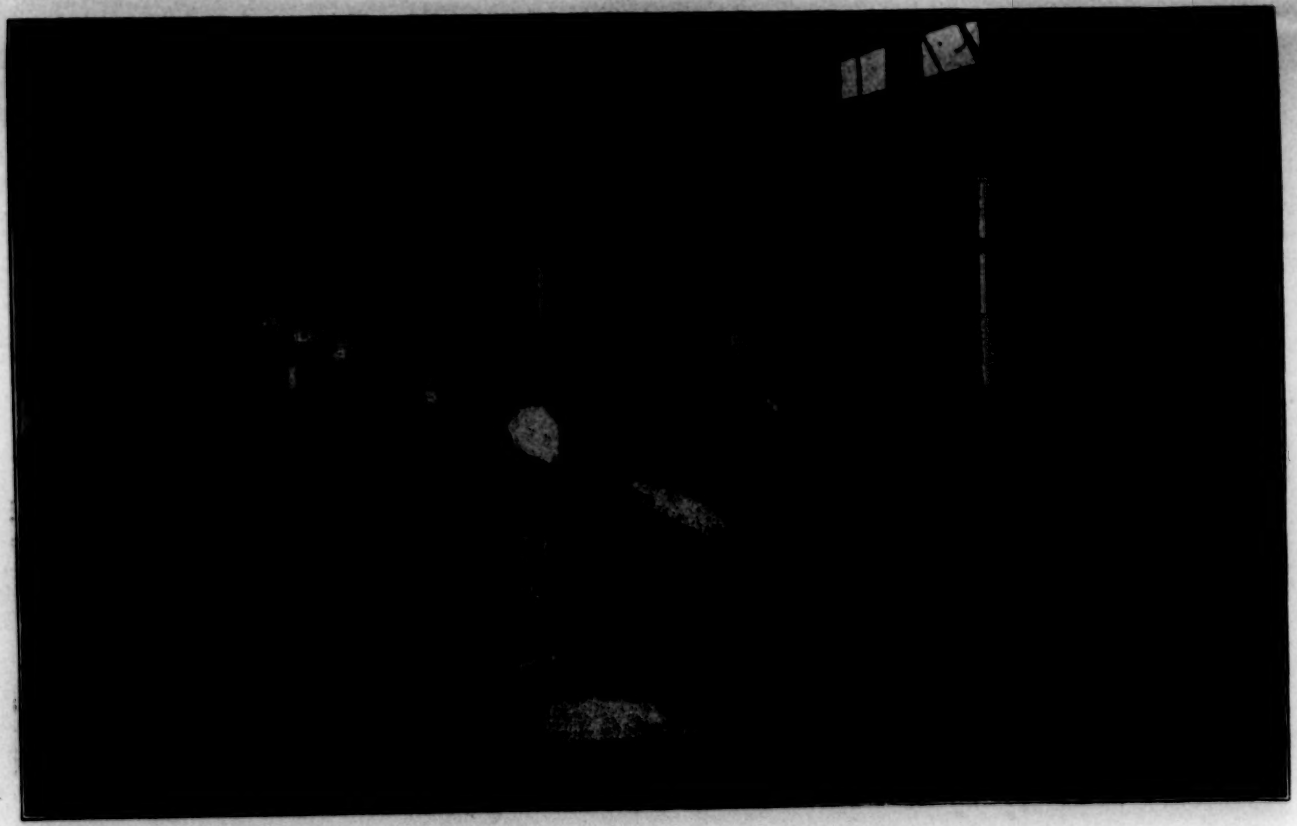
> Remember, boy, that behind all these men you have to do with, behind officers, and government, and people even, there is the Country Herself, your Country; and that you belong to her as you belong to your own mother.

JOIN THE NAVY AND HELP SAVE OUR BLUEJACKETS!

By Mary J. McCloud

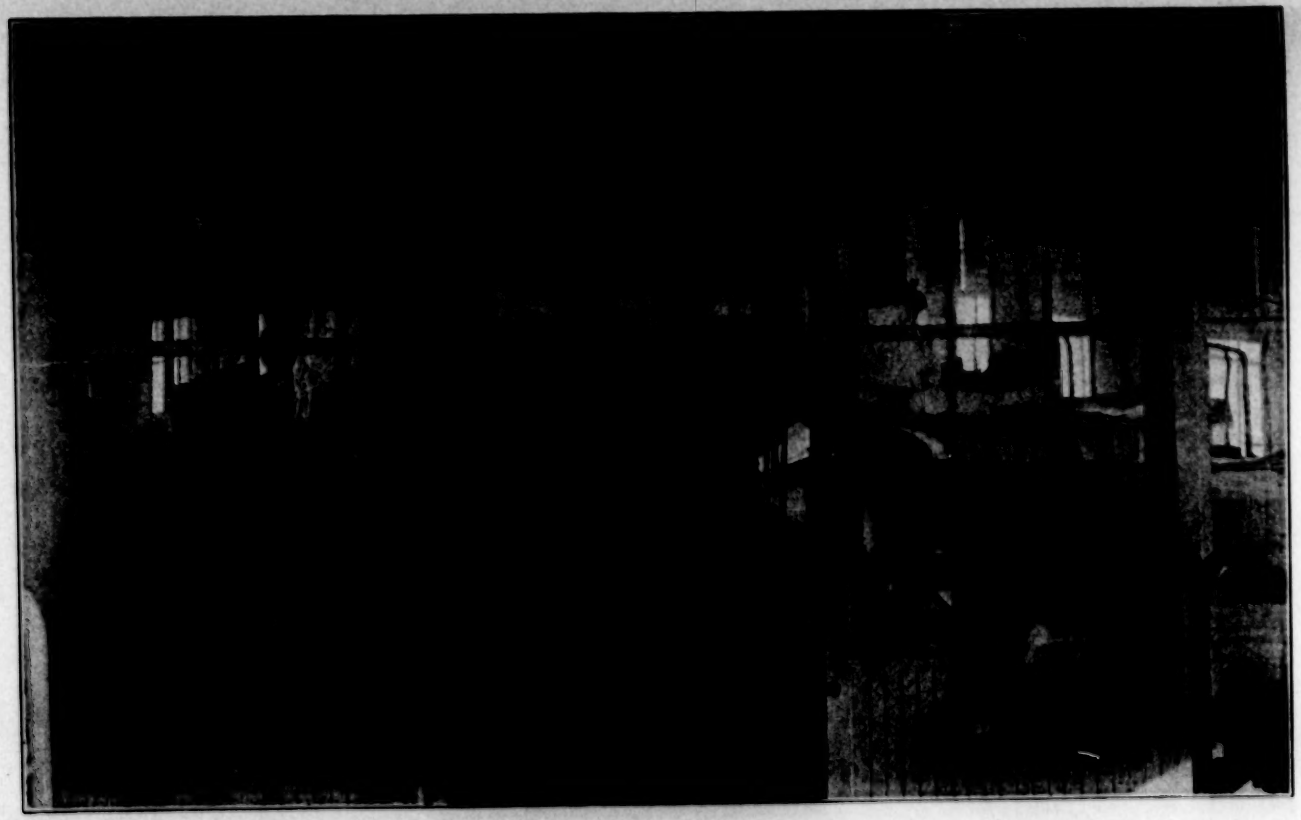
You will never regret any sacrifice that you may make in taking this advice. Sacrifice is the slogan of the day. Our American boys have given up positions, pleasure, and home in exchange for privation, loneliness, perhaps sickness and untimely death; all for patriotism. It is our duty as nurses to keep these boys from the clutches of that grim spectre, death, so far as we are able. How gladly should we answer our country's call to service! Let us not stop to analyze the conditions of this or that Naval Hospital, nor to think of the financial value of our service, but let us give freely and cheerfully of our wealth of knowledge and experience to the cause of humanity.

In the northwestern corner of the United States of America



A Ward in the Naval Hospital, Puget Sound

A Drug Room



Another Type of Ward

On the Tennis Courts, Naval Hospital, Puget Sound

there is a very attractive Naval Hospital, situated on a hill studded with stately pine trees, from which can be seen a beautiful panorama embracing snow-capped mountain ranges; Puget Sound, that picturesque inland sea with its irregular coast line, and the artistic towns built upon the hillside along the shore. In this pleasant environment fifteen congenial Navy nurses are endeavoring to do their "bit" working cheerfully in the wards, operating room, laboratory, or wherever they may be assigned by the most considerate of commanding officers.

The routine duties of a Naval Hospital are the same at all posts, we instruct the hospital corps men in the care of the sick, both practically and theoretically, in the same manner that we would teach pupil nurses in a civilian hospital, and the more conscientiously we do our duty as instructors, the larger the area over which our usefulness will spread, as these hospital corps men go forth to the battleships with the instruction which we have imparted to them, and are the nursing medium in saving numbers of lives. In leisure hours, some of our number study French, with "preparedness" as their motto; others are musically inclined, practising on the mandolin, ukelele, and other instruments; soon we may have a "Jazz" band of our own. Then the alluring attractions of the Sound, bathing, boating and fishing, help to enliven our spare moments.

Entertainments are given at the Armory of the Navy Yard, where all may enjoy the best talent, and last, but not least, are the weekly dances chaperoned by the charming wife of the Commandant of the Navy Yard.

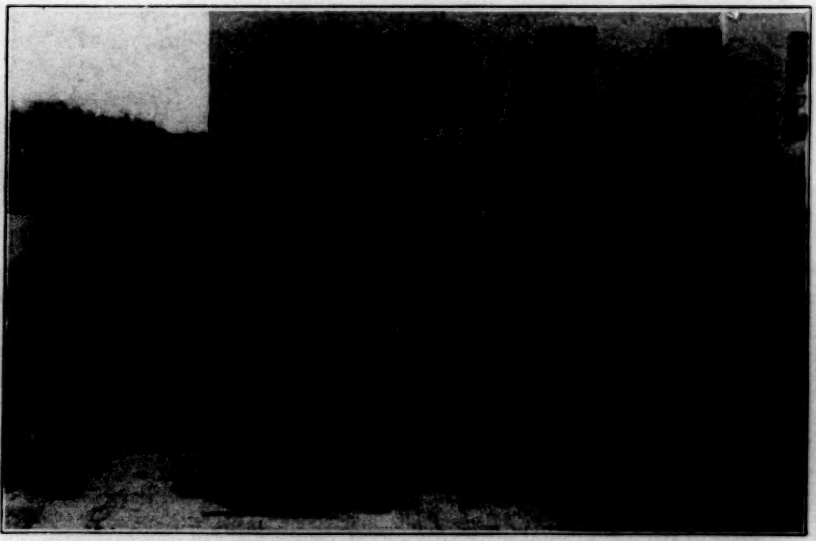
Why not join our merry company? The U. S. N. Nurses of Puget Sound Naval Hospital will give you a cordial greeting. Perhaps our work has not the stimulus of the unusual which may be found by the nurses who have gone "over there" but the service is just as creditable and just as necessary.

THE IMPRESSIONS OF A DIETITIAN IN THE NAVY

By Harriet S. Gould

I was assigned to the Naval Training Camp, San Diego, Cal., on February 8 and I am enjoying every moment of my work. The ready, willing coöperation of the corps men makes work a pleasure, for every order in the diet kitchen brings the quick response "coming up" and a cheery obedience. A sense of humor in any one is the saving grace and it exists in large measure amongst the men and comes to the surface under the most trying circumstances, lightening many an irksome task; for instance, one of the boys said this morning: "Boy, I

Class of Hospital Corps Men, San Diego, Cal.



Receiving and Transferring Cases, Naval Hospital, San Diego, Cal.

have discovered how to enjoy swabbing the deck. Just imagine that each stroke is a lick at the Kaiser, that makes it go easy."

I find the men are infinitely gentle with any sick patient and no trouble is too great for his comfort, but for the slacker on the sick list in the Navy, as in any walk of life, there is very little sympathy and the men soon make him realize that he is "in the Navy now," where grumbling will not be tolerated and every man must cheerfully and thoroughly do his part.

I feel that any woman who is trained for active service and does not respond to her country's call, is losing one of the greatest privileges of her life; the opportunity of doing her bit in a vital way and the advantage of coming in contact with the splendid spirit of the men in the service are blessings for which one will always be thankful.

THE FORT BAYARD HOSPITAL FOR TUBERCULOSIS

By Mrs. E. C. Hamill

Twin Falls, Idaho

Among the mountains of New Mexico, on an elevation of 6,300 feet above sea level, is situated the Fort Bayard Hospital. This is a large hospital for tuberculosis patients from the Army, the Navy, and the Soldiers' Homes all over the United States. The climate is perfect and the hospital is surrounded by most beautiful scenery. It is a very large place, comprising within its boundaries an officers' row, nurses' home, X-ray laboratory, officers' hospital and mess hall, two large hospitals for the enlisted men, an operating room, drug room, large dining hall and main kitchen, with a trained nurse in charge.

The female nurses are on duty in the hospital with the male nurses. Patients able to be up and about, living in tents and barracks, are cared for by the male nurses. Sleeping out of doors is encouraged, and the feeble patients at the hospitals have two beds each, one out of doors and one indoors, the latter used only during severe rain and sand storms. Patients have books, music, clubs, poolrooms, ball grounds, polo space, tennis courts and the recreation hall. Horseback riding, driving and hunting afford great pleasure, as do trips to the mining districts. The large copper flats located to the north glitter in the sun like a great sea of diamonds. Within a few miles are the silver, zinc, lead and iron mines. The great landmark is a rock resembling a kneeling nun.

When a patient is admitted to the hospital he is placed on light

diet, his weight is charted and each week at a stated time he is weighed. The physician then decides whether he shows signs of improvement and, if so, assigns the patient to the tent or barracks where he will have more freedom. Patients carry their paper sputum cups, and large cans are fastened everywhere on porches and verandas, where cups that have been used are deposited, and then at stated intervals the cups are gathered and burned. Rules must be observed as to rest, meals, sleep, exercise, and sun and cleansing baths. After breakfast all return to their beds until after the physician's visit. After dinner, they rest on their beds until 3 p. m., then have an early supper and go early to bed.

Very little medicine is given. Great attention is paid to the cooking and serving of dainty meals. Patients are encouraged to eat fresh eggs, drink good milk and eat butter plentifully. Lunches are served between meals, at 10 a. m., 3 p. m., and 8 p. m. Alcoholic beverages, as beer, wines, whiskey and brandy, are served only at meal times unless otherwise ordered by the physician. We saw splendid results from olive oil given in hot milk four times a day, increasing the oil from one teaspoonful to one ounce, after each meal and at bedtime. One patient gained fifty pounds in four months. Only the very purest California olive oil was used. Good results were also obtained by serving malted milk freely, letting the patient mix it as rich as he could drink it. Some patients were able to take from eight to twelve raw eggs daily, besides the three meals. We served the eggs in an ice cold glass with a little salt and pepper, a little lemon juice, or in wine, beer or whiskey, with a cracker.

The patients take a sun bath daily, the chest being exposed to the sun's rays until copper colored. Some wander into the hills, take off their clothing and then run, exposing the entire body to the sun with good results.

In each ward one can always find a hypodermic barrel loaded with morphia, gr. ¼, a filled ice cap, a bowl of crushed ice, a bowl of salt, and a bed rest, all ready for emergency in case of hemorrhage of the lungs. After a hemorrhage, for several hours no solid food is given. Of the hundreds of patients under observation no two are alike.

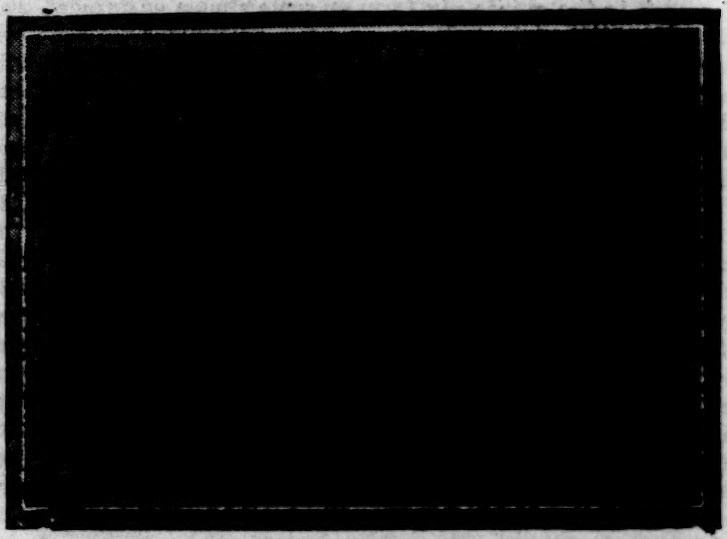
About the nurses, we at all times fared well, and even though we were isolated in the mountains ten miles from Silver City, we found pleasure in the thought of being able to cheer and make life more bearable for our sick, and felt repaid by the appreciation of the patients in our care. Any one fond of nature and of a good horse could not find it dull. There is the visit to the mines, waiting for the stage or mountain wagon to bring the mail, or a trip after the mail in the ambulance, ten miles, on a Sunday. An hour spent in the X-ray

room, a visit to the guinea pig farm or some simple enjoyment, such as making candy or cake in the nurses' home, all made the time pass pleasantly. The nurses had a cozy home. Our dear chief nurse, Miss Unger, in charge at that time, always planning for our comfort, said one day, "It would be fine to have a piano." So we decided to have one and pay so much on it each month. Then we decided that if each nurse were to pay a fine for using slang, soiling the tablecloth, or talking "shop" at meal time, we could pay for the piano sooner. There was a great deal of amusement connected with this arrangement, especially when one of the nurses was anxious to entertain us with talk about her work in the hospital. When we had collected from the guilty nurses about thirty dollars, our chief nurse, in a letter to headquarters at Washington, told of these facts, and in return a check came from the Surgeon-General for the piano and the advice to spend our money for books and other necessary things to improve our home. Then we sent to Chicago for a dainty set of dishes, some rugs and pictures. Now the nurses have as cozy a home as could be wished. We also had the friendship of the ladies of the post, who at various times gave entertainments for us, which we all enjoyed and appreciated.

HEROIC WOMEN OF FRANCE

By Alonzo Taylor, M.D.

My words are not powerful enough to do even scanty justice to the most heroic figure in the modern world, and of ages past, the woman of France. Of the healthy men who are not in military service in France, practically all are engaged either in transportation or in the manufacture of munitions, leaving the agriculture absolutely to the women. Not only this, but they have stepped into the place of work animals; you can go into any section of France today and see magnificent, noble women hitched to the plough and cultivating the soil. All of the agricultural work rests upon their shoulders. The home, always an extremely efficient one, maintains a few old men, the wounded, and the tubercular. Uncomplaining, with high devotion, and an attitude that amounts almost to religious exaltation, the woman of France bears the burden. Under present conditions, does it lie within the heart of the American people to preserve and hold to every convenience of our life at the expense of adding another burden to the womanhood of France? This is the exact question that is involved in our substitution of other cereals in place of wheat. The women of France must be enabled to hold up the morale of the French soldier



until next spring. The morale of the house decides the morale of the soldier in the fighting line. We can do this by giving to them the greatest possible freedom in their food supply, and of this, wheat is the chief factor.

THE NAVAL HOSPITAL AT CHARLESTON, SOUTH CAROLINA

By I. Grace Kline

The seamen's training camp was established at the Charleston Navy Yard at the outbreak of the war. Sickness in the camp, and drafts of patients from the ships necessitated a naval hospital. A site on the highest ground, in a grove of pine trees adjacent to the Navy Yard, was selected and the building of the hospital was begun July 1, 1917.

The buildings are of the emergency type, built of hard white pine, according to specifications furnished by the Bureau of Medicine and Surgery, U. S. Navy Department. Five wards, each with a capacity for forty-two patients, constitute the hospital space which is frequently increased by the addition of hospital tents, as the need arises. The census of the hospital ranges between two and four hundred, according to the prevalence of disease in the training camp, and the ships in port.

Hospital Buildings, Charleston, S. C., During Construction

Corridors Connecting Hospital Buildings, Charleston, S. C.

The wards are separate, with an exposure on four sides to the air and light. They are connected by covered walks, and a solarium, where the bed patients may be taken on their Gatch frames, provides ideal out-of-door treatment for those who need it. Operating rooms, specialty rooms, and laboratory occupy separate buildings. Mess halls, galley, store room and laundry and all the necessary adjuncts of a hospital, help to form an interesting group of buildings. The contagious unit occupies a restricted area. Mumps, measles, chicken pox, and occasionally scarlet fever, constitute the usual range of contagion.

A large hall provides a class room for the corps men, and there is a recreation hall where entertainments are given for the hospital personnel and the convalescent patients. A pool room, canteen and barber shop are also in the building.

The Commanding Officer and Executive Surgeon perform duties similar to those of the superintendent and assistant superintendent of a civil hospital. The Chief Nurse takes the place of the superintendent of a school of nursing; the nurses have charge positions in the wards, operating rooms and dressing rooms. The hospital corps men are the pupil nurses.

The hours of duty for the nurse, in the naval hospital, are arranged in three shifts, with time for "chow," and ten hours for the night nurse. A regular routine is laid out for the day and for each day in the week, which uniformity prevails throughout the naval hospitals, and makes possible the accomplishment of much more work. The wards are in order at a certain hour for sick call and inspection. Sick call is made twice a day by the ward officer, attended by the nurse in charge, and the senior hospital corps man.

The advantage of training in a home military hospital is soon recognized even by the nurse who "signed up for foreign service," and the majority of the nurse corps settles down, happy in the service they are able to render, knowing that the men must be put in condition at home before they can "go over."

The work of the nurse is a diversified one, including teaching and supervising the nursing procedures of the hospital apprentices. Her opportunities for teaching are unlimited. Great restraint must be practiced also, not to assume too much of the nursing, in order that the apprentice may have all possible experience. The corps man is the only nurse on board the fleet, and in many instances the only representative of the medical profession on board many of the small boats. His sense of responsibility must be cultivated, and no opportunity lost to put home the lesson. "Precept upon precept, line upon line, here a little there a little," is the nurse's duty to the apprentice.

The apprentice is required to have certain educational qualifications, and the corps today is filled with college, professional and business men.

The patient, when convalescent, is also the nurse's pupil, for he is responsible for the neatness and cleanliness of his bed and locker, as well as having some ward cleaning detail. The "Navy bed" must be made exactly, which the men soon learn to do satisfactorily. The work of the wards is done entirely by the convalescent patients and the corps men. The wisdom of occupational therapy is demonstrated and the men are happier being useful, as well as acquiring much good training. They often say, "Gee, I am glad my mother can't see me, she'd discharge the hired girl when I go home."

The democracy of the Navy must result in a great leveling of social inequalities. Every man must do his share and no one is exempt. You ask a man if he knows how to clean windows, and he may say "No," but he always learns and his breeding must be exemplified by the product of his work. He is made to realize that his efficiency is increased by his response to the "job." The thoroughbred is not ashamed to show his thoroughness.

Order, obedience and cleanliness are the first important lessons to instil. If "Order is heaven's first law, and "Cleanliness is next to godliness," then the Navy is near the celestial kingdom. Every one scrubs, and the weekly grand inspection is preceded by such a chasing of dirt as would put the Gold Dust Twins to shame. This inspection impresses the nurse as a bit of camouflage at first, but the wisdom of the procedure dawns on her with the knowledge that the attending discipline is instrumental in maintaining order. The sailor's "liberty" is too coveted a privilege to risk losing the second time.

The status of the nurse, officially, is that of a head nurse in a civil hospital; professionally and socially, she is rated as an officer. It is difficult for the nurse to understand the justice of this ruling at first, when some of the finest timbre of our young manhood is of the enlisted personnel. Her own brother, friend, and sweetheart may be among them, and why, when she has no rank should she be subjected to officer's regulations? When she considers that the mere restriction is a recognition of rank, though ever so meager, she usually realizes that it is of too much professional value to treat lightly. In civil life an intimate friendship is not desirable with one's patients; so in military circles, reserve is a safeguard. Most of the patients are of the enlisted personnel. Cordial relations are desirable and possible, and the nurse is the confidant and adviser. The men are responsive creatures, sensitive to their environment, though stoical when "balled out," and appreciative of the least interest evinced in their welfare.

The opportunities for personal influence are enormous and the nursing care is often a minor part of the nurse's duty.

The Navy nurses' home life is most pleasant. There are those among us whose natural and acquired interests attract, but all are friends with a community interest. Professionally we are equals and each one is rated by her individual efficiency. The chief nurse is the connecting link between the staff and the commanding officer, and with the Bureau of Medicine and Surgery. Her responsibilities are heavy and like the crowned head hers does not lie easy. She is the presiding genius of the nurses, and on her devolves much of the general atmosphere of the nurse corps, as well as the standard of nursing.

The nurses' quarters are the most desirable on the reservation. As the woman makes the home, so the nurse makes the quarters an abiding place. The cantonment hospital has its peculiar charm. The surroundings as well as the buildings are restful in the strangeness of their settings. The psychological influence of living in a grove of pine and live oak trees with the dog-wood blossoming in the month of March, and the song of the birds, is a compensation for many restrictions.

The hours of duty are changed every week when possible, and the Saturday afternoon, after inspection, is the looked-for event of the week. The afternoon nurse, who relieves at one o'clock, knows that next week it will be her day. Each one has a month of night duty in turn. The coveted "48," with liberty to travel anywhere within a radius of fifty miles, stirs one to a study of geography in search of the most attractive spot on its circumference.

When the nurses were called upon to part, finally, from one of their number, they were sad, but content that it is possible to die for one's country even in the womanly service of nursing. The military services held under the pine trees, in the full glory of the sun, made a picture pregnant with meaning. The flame of the scarlet lining of the nurses' capes against the white of the uniform gleamed like a symbol of sacrifice and the high uplifted countenances displayed determination to endure and to go over the top in the service regardless of the cost.

The Princess Victoria, King George's only unmarried sister, is assisting in the scheme to form a magnificent pearl necklace to be sold for the benefit of the sick and wounded. It is believed that generous women of all the Allied nations, who are owners of fine pearl necklaces, will be glad to give one of their finest pearls to form a splendid and historic Red Cross necklace.

REMINISCENCES AND FIRST IMPRESSIONS OF ARMY SERVICE

By Amelia L. Smith, R.N.

To be of some personal service to my country, to accomplish something in defense of our glorious flag, has been a lifelong desire. It has been one of the "long, long thoughts of youth," extending through many years, and when obstacles were cleared away so that it became possible to see that desire fulfilled, every effort was made to accomplish the long cherished ambition. It was hoped that some way might be found by which I might be sent to the front, but when the opportunity was given me to work near home, it was regarded as "a call to arms," and I gladly responded, arriving at Camp Devens through the fog and rain and mud of a chilly fall evening, the tenth of October, 1917. Eleven other nurses were here, having arrived at intervals all that day. We were the advance guard of many more to follow.

The nurses' quarters were prepared for occupation only so far as sleeping accommodations were concerned, and partially equipped lavatories. But even so, we were greatly impressed by the gigantic tasks accomplished in the camp in a miraculously short time, and surprised at the commodious and comfortable quarters designed for us. We could see great possibilities in our new home, and only ordinary powers of imagination were required to realize that in a short time our convenience, comfort and general welfare would be amply and generously provided for, with comforts and even luxuries which, I am sure, were never before realized in an army camp. We had expected and were prepared for deprivations, but shortly found ourselves enjoying all the conveniences of home.

Having at first no dining room equipment, and no supplies or help in the kitchen, we were assigned to the officers' mess for our meals. To this place I was conducted, after having reported to the Commanding Officer, as it was about time for dinner. Here were all the other nurses assembled who had arrived that day. I was expecting to meet the Chief Nurse to whom I was to report for duty, and I felt somewhat surprised that she did not greet me as I entered, a stranger, out of the damp, chilly night. "Taking my courage in my hand," I stepped forward and proclaimed that I was looking for the Chief Nurse. "So are we all," responded eleven voices as one. Then followed introductions and explanations and I was adopted into the circle. But we were as "sheep without a shepherd." Through some delay of trains the Chief Nurse, on her way from California, did not arrive as soon as expected.

I have often wondered what the true feelings of the officers must have been to have their sacred precincts thus invaded by a company of women, as yet without occupation or organization. But if any felt annoyance they surely concealed it and gave us a most cordial and courteous welcome. The large open fire in one corner of the entrance room, sent out a most genial glow and grateful warmth as we came in out of the crisp air of the frosty October morning, or the cold, damp air of the evening. Its glowing heat reminded us of the faraway homes of our care-free life, and we were always welcomed to the coziest corners.

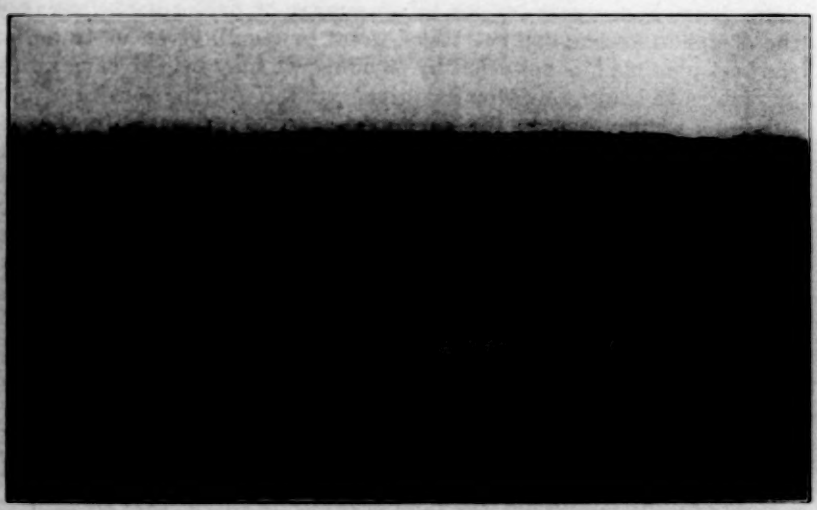
It was something of a shock, at first, and seemed slightly incongruous, that the conveyance from quarters to where we took our meals should be an ambulance. We would almost rather go through the rain and mud (and so become fit subjects for an ambulance) than to yield ourselves to it while we were still sound in body and limb. That impulse was of very short duration, however, for we very soon came to take pride in our chariot, and to feel a sense of proprietorship. Was it not of the Red Cross and were not we of the same order? It was fitting that any Red Cross conveyance should proudly be accepted as our carriage of state. Later on, by order of the Commanding Officer, an ambulance was assigned to the nurses for a short time each day to convey them to Ayer, that thriving mart of commerce, that they might be enabled to make such purchases as every woman finds essential. What bustle and excitement as we prepared for this trip in the ambulance! How we feared it would get off without us and what a tragedy that would be, especially when the occasion was festive, like a basketball game, or a play at Liberty Theatre! What narrow escapes from being impaled upon the hooks! This calamity has never occurred, but those terrible hooks were menacing, and the imagination can easily picture the dire possibilities of an accident. Surely the excitement and flourish of the starting and arrival of the stage coach of our grandfather's day could never rival our own advent in the chugging, puffing noisiness of the vehicles of our own time. Not even the horn was missing to proclaim our progress.

Twelve nurses, the first contingent, arrived at Camp Devens the tenth of October, and we vain-gloriously styled ourselves to others, as they came straggling in, as "The Original Twelve." We almost thought we were as important in our mission, and as necessary to the success of the cause, as were the "Original Thirteen" around which, and from which, our glorious country was built up, but we had our Waterloos still to meet, and we now humbly realize that each is only *one* in one hundred and twenty-three.

Our pleasantest reminiscences cluster around those first weeks,

while we were still few, having the same experiences, the same difficulties, the same hopes and fears. We drew nearer together in those days, and knew each other better. We felt that we had a nearer claim upon the Chief Nurse when she came, than had those who arrived later. Those were the days and evenings of sitting around the kitchen fire, our only source of heat, and discussing our experiences, giving voice to our conjectures, our wonderment, huddling together and getting acquainted. 'Twas there we gave expression to our fears and dread of the new service, and the hope that we might be successful, to the determination to make our work, as a whole, so indispensable that its value would be recognized. Here we gathered around our Chief Nurse to listen to words of instruction and guidance, as from one who had had many years of experience in Army Hospitals and methods. As we listened to words of help and elucidation, we felt as must the pupils of the olden time, "sitting at the feet of Gamaliel." We have thus been guided into more comprehensive lines of thought and action, and educated into Army ways and methods, so that now we are considering ourselves quite seasoned campaigners, and hope we shall be able to do acceptable work, and meet emergencies wherever the exigencies of the service may need our ministrations.

The work in the cantonment hospitals, the daily routine, differs little from that which obtains in civilian institutions. The same diseases, surgical, medical and contagious are cared for here much in the



Barracks, Camp Devens, Mass.

same manner as in the hospitals where we were trained. Probably there are proportionally no more accidents and emergencies here than in the ordinary general hospital of civil life. The conditions, however, differ in many respects, and we have to adapt ourselves to many new ways; but the differences would be hard to define in a lucid manner in a short paper like this.

We see little of the military life of the camp; probably less than visitors who come for inspection purposes. An occasional company of soldiers passes the quarters on its way to the drill grounds, or sometimes on our walks we catch a glimpse of a company performing some military evolutions. We are too far away to hear the bugle calls. Sometimes, through the still, morning air, the sound of the reveille becomes audible, and the tones of trumpets, as the flag is raised or lowered, sound sweet in the distance. To see the flag flung to the breeze is always an inspiring sight; and what a sense of gladness and joy it brings to realize that, as yet, it is unmolested. When it comes down at sunset, a prayer instinctively rises from the heart that never a day may dawn whose sunrise does not greet the glorious emblem of our nation floating in majestic beauty over a land dedicated to freedom, justice and honor.

We, of the Red Cross Army Reserve, having answered the call of the nations in their great need, have no object in view but to *serve* where the need is greatest, well knowing that for us there are no honors save those which come from the consciousness of duty well done, there is no scramble for advancement or preferment; but only the desire to accomplish the tasks, great or small, given us to do, in the best possible manner; that by so doing we may help to save a life, or restore to health one who has given himself for the service of our beloved country, and to the saving of a great principle in the re-establishment of the nations. We ask all who may, perchance, glance through these reminiscences to come into the ranks and help us. There is a great need; the slaughter is terrific; the world is in travail; there is a woman's work to be done. There is no honor greater than this: to serve in the most momentous conflict of the ages.

Arise—for the need is pressing,
And you lie dreaming on;
Your brothers are cased in armor,
And forth to the fight are gone.
A place in the ranks awaits you,
Each one has some part to play;
The past and the future are nothing
In the face of stern today.

PUBLIC HEALTH NURSES IN WAR SERVICE

By Edna L. Foley, R.N.

The following extracts from letters from nurses doing public health nursing under the auspices of the Red Cross, in cantonment zones or on emergency service, will give city-bred and trained nurses some idea of the splendid pioneer service which women can render their country in war times. For obvious reasons, states, towns and nurses' names are not mentioned. One point, however, is well brought out in the letters and that is that in time of war, a person trained to do one thing well is expected to use that training in doing a radically different thing equally well. The nurse may be asked to teach, the lawyer may be asked to dig a trench, the engineer may be asked to do anything under the shining heavens. It is a tribute to the efficiency of her training and her public health nursing experience when a visiting nurse is able to do this work successfully, both because there is no one but herself to do it and also because her previous training was well grounded.

FIRST LETTER

When I came here on short notice six months ago, I had visions of doing general visiting nursing. When I arrived I was informed that I was to do tuberculosis work, so I was, by that token, converted into a tuberculosis nurse, just as a soldier is made into a cook by being told that he is a cook, I suppose. When I began looking around to find out what tuberculosis work consisted of here, I found there "wasn't no such animal." In other words, I wasn't to take over or help with what was being done, but was to begin at the beginning. There had never been any attempt at anything even pointing in that direction, except that the one visiting nurse in town, who was supported by the churches, gave care to bedridden cases when she had time. In addition, there was an industrial nurse who cared for insured cases, but was unable to do anything for an equally sick patient in the same home if Patient No. 2 did not happen to be insured.

I began the work by calling upon the physicians, which wasn't easy, as very few keep regular office hours, but I succeeded in interviewing most of them. Three had their office girls inquire very carefully if I were soliciting funds for the Red Cross before they would consent to see me. Most of them were interested and thought that there was a great deal of tuberculosis here which was only being reached by the physicians after the hopeful stage was past. They had found it most discouraging to try to do anything for the average case, as there was no sanatorium near home and the state sanatorium had such a long waiting list that such patients as would consent to go so far from home usually died before there was a bed for them. Home care had proven very unsatisfactory as there was no system of follow-up work. Nearly all promised their coöperation in the work. The colored physicians were deeply interested, speaking especially of the problem of house infection, i. e., one tuberculous family would move out and a healthy one move in only to become infected, and this process would be repeated over and over. They also said the prognosis was very bad with their people on

account of susceptibility and poor living conditions, as well as the fact that the patients were so loath to admit that they had the disease, as it kept them from getting work.

I was also assigned to the venereal clinic which is run under the United States Public Health Service and is considered one of the most important pieces of war work. There are two physicians in attendance, employed by the United States Public Health Service. I attended the clinic from 4 to 6 daily for six weeks, when a nurse who had been doing that work in connection with a large city hospital was assigned by the Red Cross to do it and the follow-up work. The Red Cross also sent a male nurse at about the same time, to assist in the clinic. It is estimated that forty per cent of the colored people have venereal infections and one-third of the population is colored. I do not know the percentage of infection in the whites, but I know it is high.

During the Christmas holidays I took the work of the visiting nurse while she went on a needed vacation for two weeks; it seemed good to get back to real visiting nurse work again.

I made a sort of preliminary survey of the tuberculosis situation by following up all the cases given by physicians, the Associated Charities, the visiting nurse, and all those that had been reported to the Health Department in the past two years. Leaving out those who had died and whose families had not been located, I found about fifty cases of positive and suspected tuberculosis. Two of the first cases I investigated lived in mill company houses, immediately back of which were a row of dirt closets (outside privies) in an unspeakable condition and in close proximity to open wells from which the tenants received their only water supply. This was a great shock to me, and still is, but it is such a common thing here that few people think anything about it. One of these patients was a man with eight children who, on account of failing health, had drifted around from one mill to another, working irregularly. He was not at home on my first visit but his wife told me he had been spitting blood and if I didn't believe it I could go over to the mill and see for myself where he had been spitting on the floor.

We opened our Tuberculosis Dispensary in the same building as the Associated Charities and Health Department, using a stove-heated room which had been a store. It has the usual store front and was partitioned off in three rooms, giving us a nice light examining room in front, and back of this a good sized room where we have screened off two dressing rooms, leaving the rest of this room for the stove, supply table and cupboards. The other room is divided by a curtain into two waiting rooms, one for white and one for colored patients. We started with ten dispensary patients, had sixteen the next day, and have averaged twenty a day, or forty a week, since. (We hold clinic on two afternoons, as the doctor works in the schools in the morning.) So far the patients have been about equally divided between white and colored.

I never thought I should like tuberculosis work as a steady diet, but I have found it intensely interesting and growing more so. I thank my stars every day for the many tedious trips I made taking suspected tuberculous patients to the dispensary when I felt I was so busy I couldn't possibly spare the time, and am glad I kept my eyes and ears open and cultivated so many happy and helpful friendships with the tuberculosis nurses and got their viewpoint as much as I did, although I was somewhat unconscious of it at the time.

To give some idea of the scope of the work, I will give some figures from my February monthly report, as follows: Old cases, 44; new cases, 81; forwarded cases, 85; dismissed cases, 40; total, 125. Of the dismissed cases, nine left the city, seven died, eleven were not tuberculous, ten were transferred to the visiting

nurse for nursing care and three refused coöperation. I had 82 dispensary cases and made 165 home visits. I do not give nursing care but turn over the bed-ridden cases to the visiting nurses, there are two colored nurses employed by the United States Public Health Service to give nursing care to the colored patients.

The figures I have given do not sound large to Chicago nurses, I know, but you must realize that I have to cover a scattered city of 55,000 inhabitants, besides the mill villages, part of which are outside the city limits, that our transportation facilities are not those of Chicago, the cars serving the outlying districts running at best every twenty minutes and we often have to walk ten or twelve blocks at a stretch, then make a call and do as much over again, so you see that truly this is not Chicago. Outside the heart of the city some of the districts do not know what a sidewalk or a bit of pavement is, and the soil is a red, sticky clay; we've had lots of snow and rain, which means mud such as I had never even dreamed of. You just stick and slip and sink way over your rubbers and have to ford creeks and climb up embankments and jump down again.

Our housing problem is different, too. There are the colored districts with the small separate houses or cabins, most of which are very old and dilapidated. About half of these have no sewer connections and those which have, are very poorly equipped with the outside flush toilets which are often out of order and it is almost impossible to get the landlords to do any repairing. The only means of heating in most cases is the old-time fireplace, where all the cooking is done and the flat irons heated. Hot breads are baked by being put into what we would call a deep frying pan with a cast iron lid. The dough is put into this and it is set either on the hot bricks in front of the fire or on hot coals, and hot coals are piled on the lid. All the boiling and frying is done in this way, and when the nurse goes in and finds no hot water, all she has to do is to set a pan of water into the fireplace.

During the terribly cold weather this winter, there was much suffering, both in these and the mill houses, as most of them are set upon brick supports four or five feet high, with no wall beneath, only simple board floors where you could see through the cracks. There would be only a grate fire, with fuel very high and very scarce. It was a wicked waste of fuel as well as of life and health. Cellars or house foundations seem to be unknown.

The mill houses usually have four or five rooms; they are better constructed and better kept up than the other houses built to rent, but are terribly cold in winter. We have eleven mills skirting the city, three or four of which are inside the city limits, and each has its own little village of houses for employes. The rents vary from $5.00 to $10.00 a month. Only one of these has sewer connections and two mills have put in septic tanks for the outside toilets, but the others will be compelled to do so this spring on account of the camp being here.

We have the problem of the lodger, both male and female, in the mill homes as well as among the colored people, where it is much worse than in our most congested districts in Chicago. I found a deserted colored woman last week dying of tuberculosis, and two children of eight and ten sleeping with her. The only window in the room was nailed down, an old quilt nailed over it to keep out light and draughts. There were three rooms, she and her two children having the middle one, the other two being rented by seven colored girls. This woman died two days later and I got the children to the dispensary; they both had high temperatures and an active tuberculosis. I reported them to the Associated Charities, who got after the father to support them, which he did by picking them up and carrying them to his old mother in the country.

A young colored man came to the dispensary about three weeks ago, referred by his doctor for a diagnosis. He proved to be an open case of tuberculosis and seemed intelligent and coöperative. I told his mother what his trouble was and made quite satisfactory sleeping arrangements for him, and things were going along very nicely when I left, although the mother couldn't see why her boy had consumption when it wasn't in the family. On my next visit I certainly got the cold shoulder and the old lady informed me that she never heard of such foolishness and she was going to take her baby (who is 26) and move away from here; he only had a cold anyhow and she had got him a bottle of medicine which would cure him without all that fuss and I didn't need to come interrogatin' around there any more.

A little rosy-cheeked white boy came in last week and asked me if I thought he had tuberculosis. I told him I'd have to let the doctor decide that but he didn't look as if he had, when he said very emphatically, "Well, that Red Cross nurse at the school looked at my head and I heard her say I had tuberculosis," so you see we get good coöperation from school nurses. One of my nicest patients is a girl 25 years old, who has worked in one mill regularly since she was 10. She has laryngeal tuberculosis, which is rather common among the mill workers as well as other forms. None of the mills here do any welfare work, but I have learned that some of those in smaller towns near here do a good deal.

This work is done primarily to protect the soldiers and our visits to the homes have brought out some interesting facts. Two colored women came to the dispensary, one an old lady going blind, and the other with a cough of long standing. The former was referred to the venereal clinic, where she was found to be syphilitic, and the other an open case of tuberculosis. Both had been doing soldiers' washing. In another awfully dirty home I found the mother of two tuberculous children ironing the soldiers' clothes and putting them on a filthy bed.

Recently I went to the State Conference of Charities, where we had a very interesting section on public health nursing. The chairman of the section, a very charming nurse, was the woman we remember for her most successful work in the Kentucky mountains. In our section on community nursing, at which there were about ten public health nurses from all over the state, it was brought out that only the chairman and myself wore uniforms, although we were all doing all sorts of home work. There was an excellent general programme and we all came away with a lot of respect for the work which has been started and is being attempted throughout the state.

Our uniforms have been the source of much speculation on the part of people here who do not know about us. I was walking through a colored district one day and heard one girl say to another, "She must be selling soap." The other looked me over and said after a moment, "I reckon she must be Salvation." Our service uniform is of gray chambray and we wear white organdie collars and cuffs, with muslin aprons when the latter are necessary.

Please tell the nurses that if they are ever inclined to be impatient with the relief agencies for not giving adequate relief promptly, just to stop and think of us and be thankful that they have an organization of trained workers to appeal to; if they are ever discouraged with child-placing agencies and institutions, just think what it would be not to have any. There is one state industrial school for white boys, none for girls, and none for our colored children, no Juvenile Court, no city hospital, no St. Vincent de Paul, no Infant Welfare, no convalescent homes, no city physicians and no dispensaries. Last but by no means least, we have no

Board of Directors and big Visiting Nurse Association working shoulder to shoulder with us, and in spite of it all, we are here, liking our new work.

SECOND LETTER

I came here to help stamp out a typhoid fever epidemic but on my arrival I found that the zero weather had done it for us, and for three weeks I hardly did a thing. Now I am a county school nurse and have a Ford for my special use.

The work is very interesting but it took me a long time to realize it, for I did not know much about school nursing and I wanted to do visiting nursing. Fancy medical inspection in schools where boys of 18, 19 and 20 in freshman high school are not unusual. Fancy covering fifteen schools in five towns and running up against small pox, in addition to every other kind of infectious disease, when I had been working in a small, congested area about a half mile square. My first monthly report shows 284 physical examinations, assistance in 557 vaccinations, 260 vaccination re-dressings, 12 talks in schools, and only 22 home visits. One can't be county school nurse and an efficient home visiting nurse at the same time, but the work is worth while and even in this short time we feel that we are getting somewhere with it.

THIRD LETTER

Two Red Cross nurses were ordered to report for duty early in October. On arrival no definite work was undertaken, as the Director of the Unit thought it better to acquaint ourselves with local conditions. In accordance with these instructions, we made a survey of our zone as related to public health nursing. We found the following facts to concern us.

Our zone covered a territory of five miles about the camp, in which zone we were concerned with the prevention and control of communicable disease. Our district consisted of the city of Spartanburg, S. C., a cotton manufacturing and railway center of about 20,000 inhabitants in normal times, but now of at least double that number. The population of the district outside the city comprised about 2,500, in the numerous cotton mill villages. There were a few farms with small groups of negro laborers and tenants.

The city had a Board of Health and a full time Director of Health who welcomed our coming as an aid toward solving many problems. He had one public health nurse who acted as quarantine officer and clerk; she investigated cases of illness and gave instructive care. There was no county health officer, no free hospital beds or clinic facilities. A local physician made charity calls on a fee basis. There were good schools with an enrollment of about 4,000 children. No systematic medical inspection of schools was being done, but volunteer inspection had been made. No follow-up work had been undertaken.

In our second week, some cases of typhoid fever were reported in an adjacent mill village. We gave nursing and instructive care, while investigations were made of the water and milk supply. The water was supplied by shallow surface wells in all stages of repair. They were all contaminated, some to the extent of 98 per cent *B. Coli*. Needless to say, our Director actively intervened with the result of closing the more dangerous wells at once, and arrangements were made to improve these conditions. Other villages having typhoid cases asked for our services, some of them as far away as twelve miles. The Director being willing to have us undertake any work we considered advisable, we were able to do some very interesting work in these communities. We had a total of 26 cases of typhoid.

Before we had been in the field two months, we had as our nursing staff,

the supervising nurse and assistant, paid by the Red Cross, a school nurse, paid by the U. S. Public Health Service, and the City Health Department nurse. This coördinated all the nursing service in this zone and we were able to cover the work more satisfactorily. We organized a Council of Social Agencies and had regular monthly meetings. As this time we had the pleasure and benefit of a visit from Mary E. Lent Supervising Nurse for the U. S. Public Health Service. Rules were suggested by her and approved by our Medical Director. She also advised the purchase of all necessary equipment instead of make-shift. She considered it essential to have nursing bags, large gowns, caps and masks, and a kit to be loaned when necessary consisting of: tub, dish pan, garbage pail, water pail, two basins, two towels, one gown and cap, one pair of rubber gloves (these last to be taken in the bag). We had a fairly good system of reports and cards. She advised having the regulation card which had been worked out by the National Organization of Public Health Nursing printed, when more should become necessary.

Our Unit was really part of the U. S. Public Health Service. We worked under a Director appointed by that service and there was no line drawn in any way. The larger part of the personnel were U. S. Public Health Service appointments, but we knew no difference except by the uniforms. We had a car for the use of the nurses and this made our work much more effective. We enjoyed the many drives about the beautiful country, that were required by our work. We attended a number of meetings and gave talks, as this was considered a great factor in the prevention and control of communicable diseases. We tried to be of general service to the community and to meet the various needs.

During January and February we had a few cases of cerebro-spinal meningitis reported in our zone. This greatly increased our work, as we assisted with lumbar punctures, giving serum, taking swabs, etc., and rounding up all contacts on cases. All reports of communicable diseases made to either the City Health office or to the U. S. Public Health office were turned over to us. We investigated, isolated or quarantined, nursed or instructed, or released all cases reported or found in our zone. As we went into the homes, we often found cases of illness unattended or unreported. The school nurse discovered the greater number of these. In a great many instances, we found direct contact with soldiers in these homes. Prompt reports to our Director were made, who at once notified the camp officials. It has been very delightful work as we were able to take steps to remedy almost any condition requiring it and the work increases in scope all the time. School clinics and a venereal clinic are being equipped and there can be no doubt as to the benefit resulting to the community in these zones.

The soldiers at the front are asking more and more for education, looking forward to the time when the war will be over. The English Y. M. C. A. arranged a series of high class lectures on astronomy, heredity, sea power, etc., for the soldiers. The Khaki College at Witley opened its second session with over one thousand soldier students. A branch for Canadians in London, at University College, is crowded.

SKETCH OF A NAVAL EMERGENCY HOSPITAL

By Josephine Trippett

Naval Reserve Nurse

Perhaps the very greatest argument in favor of this branch of nursing is that we are all so glad to be here! And I am going to try to tell you something of the life at a Naval Training Station, hoping I may make you realize the importance of and the opportunity for service that exists here.

In the first place, our Unit was very fortunate for two reasons, because we were sent to Pelham Bay Training Station, one of the largest and best of its kind; and because we are located just outside of the great metropolis and on a promontory of land surrounded by water and adjoining a country rich in beauty and history.

On entering the gates for the first time, one forgets the high barbed-wire fence which keeps the camp so isolated, and is impressed by the magnitude of the general plan. It is like a strange little city sprung up in the night. Winding cement roads lead to the many buildings, all long and low and gray. When once inside the gate, one is supposedly aboard ship and to get out one must have a shore leave, shore leave being only one of many Navy terms.

There are the post office, the guard house, the Y. M. C. A., and the canteen, the sailors' barracks and the officers' quarters, and over them all flies the flag, giving assurance and inspiration to all. One feels a certain trust and confidence in fine old Uncle Sam.

The hospital section is quite a village in itself, built on the usual Naval "T" plan, and very unlike a civilian hospital. Each ward is a separate construction averaging thirty-six beds, and all buildings are connected by covered board walks.

The work itself is tangent to any other kind of nursing. It seems very hard at first but after one gets used to the system, everything goes quite smoothly. Each nurse is in charge of a ward and is responsible for everything in that ward, also the training of the hospital apprentices who are to be sent to sea. These boys must start, not gradually, as nurses in training, but as senior and junior men, consequently it is trying at the beginning. However, one finds the apprentices very willing and quick to learn, especially now that lectures and classes are held on schedule time.

Every week the nurse changes the duties of the hospital apprentices and in this way each one learns the different kinds of work. For example, five men are sent to the surgical ward. The cases are about as follows: 3 empyemas, 10 fractures (from falling out of ham-

mocks), 4 cellulitis cases, 5 hernias, 2 ruptured appendices, 3 tonsilectomies, etc. One apprentice is put in charge and does the work that a senior nurse usually has in a civilian hospital, such as dressings, instruments, and supplies; the next man has the medicines and treatments; another the diet kitchen; the next two have either side of the ward. There are also convalescents detailed to help in the ward work. As these men cannot leave the hospital until entirely well, they are a great help. This is one of the main differences between Naval and civilian hospitals, as in all Naval hospitals the men must be ready for duty upon being discharged, whereas in civilian hospitals, most of the patients convalesce at home.

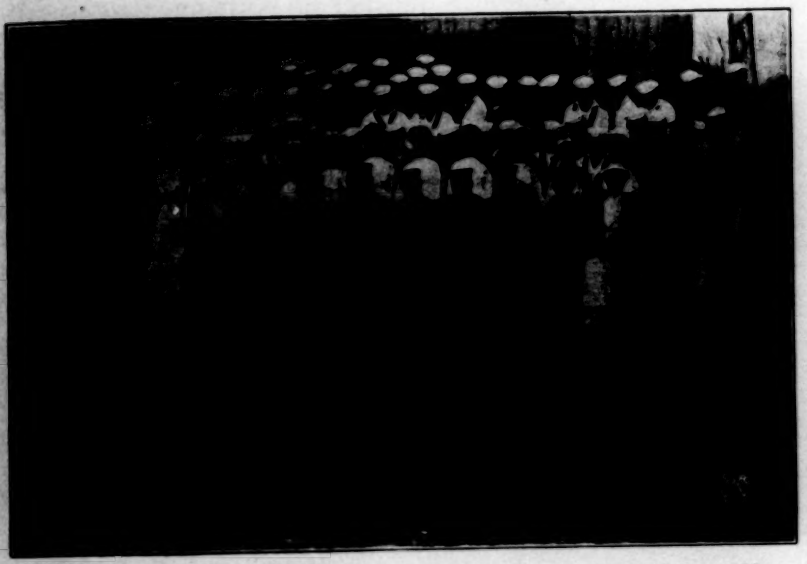
The shifts for the nurses are also changed each week and are as follows: 8 a. m. to 3 p. m., 3 p. m. to 10 p. m., and 10 p. m. to 8 a. m. In the work of supervising, instructing, and in helping to nurse the sick, the eight hours on duty soon fly by and then—what good times there are!

The night nurse has but one month of duty and is more of a night supervisor, as she has several wards to look after. This is much easier than usual, because the patients are pretty well settled by 10 p. m., and there is a night apprentice on each ward. Making rounds from building to building is also a relief, and the air is very refreshing.

We have a great deal of writing to do in the way of reports, schedules, charting, etc., and there are certain days for each task all over the camp. Fire drills are held frequently, this being a very important safeguard for all concerned. The signal is the blowing of the camp whistle, upon which all officers report at their duty stations, the Executive Surgeon in charge. There are very definite rules for each building and these are thoroughly understood by everyone. The drills come often enough so that in case of real danger, the procedure will be smoothly carried on, without any questioning or confusion. There are fire extinguishers in each construction, also fire buckets and hose, and in addition a large hydrant near the square court.

The nurses' quarters are very comfortable and the rooms of moderate size, neatly furnished. The heating and lighting systems are splendid and we spend many happy hours in the sitting room which overlooks the Bay. We knit and read and dance and sew, or listen to the Victrola. We have always plenty of the latest magazines.

Those on afternoon duty may stay abed as long as they please, or go shopping or walking, as the spirit moves them, while the morning shift may take in the Y. M. C. A. entertainments, right here on the campus, or go to New York to dinner and the theatre. We all have a general pass in and out of the gate and can go and come as



Members of Naval Hospital Unit No. 3: Officers, Nurses, Hospital Corps Men

The Operating Room at U. S. Naval Hospital, Pelham Bay Park, N. Y.

we like when off duty. There has been wonderful skating all winter and we expect to go bathing and boating soon.

There is something for everyone here, the simple pleasures of the great out-of-doors, or the more lively gaiety of New York. I am glad to say many of us enjoy the former rather than the latter. There have been many celebrities here to entertain the boys, some of whom were Madame Louise Homer, Houdini of the Hippodrome and the President's daughter.

Last, but not least, comes the use of the "flivver," which was given to the Unit for the personal use of the nurses, several of whom are very good chauffeurs. This little Ford serves as a grateful carrier to and from the subway, as well as a pleasure vehicle. We expect to see a great deal more of the surrounding towns now that winter is over and to go on picnics once in a while.

To give an idea of the spirit of the boys and the current of good fellowship existent among us, here are a few examples: In one bed lay a Hebrew who had received great care in order to save his life. He was still very weak, but said with a smile, "Vell, you haf bean so vary gut to me, I am so glat, I gif de fife dollars to de Red Cross fer *you*."

A handsome young Virginian with an ancestry to be proud of remarked, "Befor' ah came heah, ah rated a man by his position in society, but now ah judge him by what beats under his coat."

After washing two windows one cool winter day, it being Wednesday in the Navy, Patrick blows into the office rubbing his hands and wiping his nose, "Sure lady, oi wouldn't be doin' dis fer me own mither if oi was livin' ter home, but I'm in the Navy now."

And then there are times when one is so deeply moved and brought to the realization of the meaning of this Station and all other places of its kind. It is easy enough when the sun is out and every boy is jostling the next fellow along, but in the night, the call of the guards on watch, the play of the search lights, and the flash of the blinkers from the wireless, then, one feels not quite so safe.

Again, watch the sailors being shipped. They pass out of the gate, their sea bags on their backs, no one dares to speak, their hearts are too full. Whither do they go and whence return? We listen to the muffled sound of many feet marching silently and solemnly along the road. For a mile one can see the wide dark line and hear the rhythm and the jangle of the rifles. Will they always march along a country road? In Pelham?

Once more, just imagine it is sunset on the campus. The great open space is dotted with the "boys in blue." The band starts up the Star Spangled Banner, "Oh Say, Can You See?" Every man drops

his task and stands at salute while Old Glory is brought down for the night. You look up and see the Stars and Stripes waving in the breeze. Ah! slowly she lowers in majesty, "The Land of the Free, and the Home of the Brave!"

And so, the Red Cross gives us an opportunity to do our "bit" in the Navy, and we are doing it with all possible joy and willingness, for each one feels grateful to have the chance right here, at Pelham Bay.

THE VALUE OF A LABORATORY IN AN EXTRA-CANTONMENT ZONE

By Emily C. Snively, R.N.

Supervising Nurse, Red Cross Sanitary Unit, Number 5

The day has long since passed when a physician can look at your tongue, feel your pulse, ask you where you feel badly, and then write a prescription. Modern medicine requires the result of a modern laboratory in diagnosing disease. The physician and nurse who have always had a laboratory at hand perhaps cannot realize what it means to smaller communities which have never had the definite knowledge and results one can thus obtain.

A great many lay people have about as definite a knowledge of bacteria as the father who was engrossed in his newspaper when his small son asked, "Daddy, what is bacteria anyway?" After repeating the question, a habit children have, the father looked up and said, "Oh, just little wiggling bugs; in Germany they call them germs, in France they call them parasites, and in Ireland they call them microbes; just bugs, son, just bugs." I believe in the case of bacteria, "nationality" is one thing that would not count, but "family" would. It certainly makes a great different about the pedigree of the bug.

Even the best diagnosticians do not depend upon clinical symptoms, but find out absolutely by laboratory tests the family to which the bug belongs.

A case came to my attention recently where a sick child was gone over thoroughly by an able diagnostician. From clinical symptoms he thought the case poliomyelitis. The work in the laboratory proved it meningitis. By this definite knowledge the child was saved.

With each unit a laboratory is one of the first things deemed necessary, and one is established as soon as possible.

When necessity demands, as it did in our extra-cantonment zone with a typhoid epidemic raging, the U. S. Public Health Service or the American Red Cross sends a laboratory car all equipped to take

care of all bacteriological work until the local laboratory can be established. With the accurate work of the laboratory, an epidemic of meningitis in the next county, which caused four deaths before the local physicians called for help, was controlled.

Just today our door bell rang and a dear little voice said, "Are the Red Cross nurses here?" Upon being answered in the affirmative, the questioner held out flowers, fruit and candy and said, "These are for them." It was the same little lad whom we had held in January for seven spinal punctures; no guess work about this case, every specimen was tested, not a dose more or less than needed. The result was beautiful.

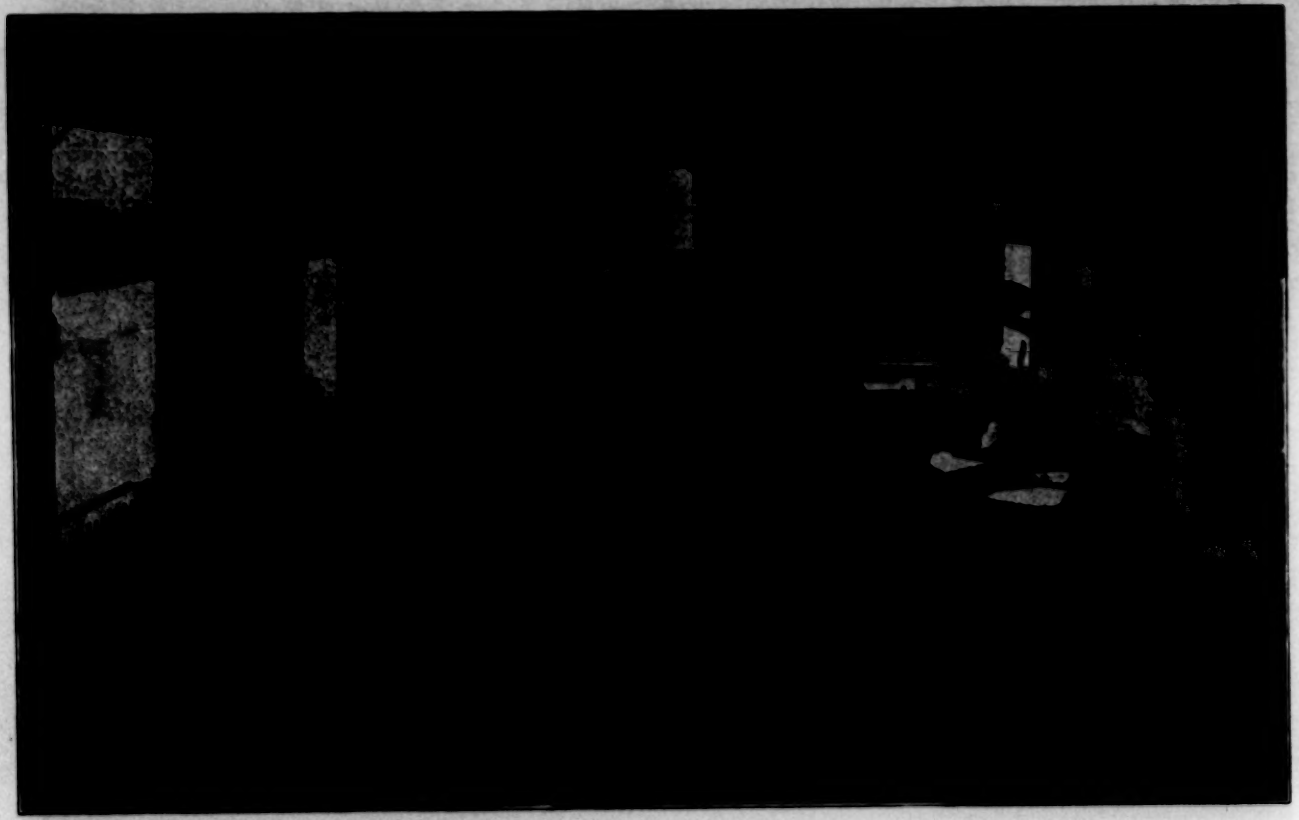
The laboratory test is the only positive proof of diphtheria. A dreadful looking throat may prove negative, while one not at all suspicious looking may be positive. The taking of throat and nose cultures by the nurse is a very important part of her work, both for diphtheria and meningitis.

The actual knowledge that is obtained in regard to milk is invaluable. The finest laws in the world for pure milk would be as nothing, without the knowledge and equipment to keep tab on all milk sold in a city and checked up unceasingly. Samples of milk are collected regularly from the local dairymen, while on their routes, and systematic examination is made in the laboratory to determine their chemical and becteriological contents and value for infant feeding. Examination is also made to detect any adulteration, preservatives, or coloring matter which are so detrimental to the health and life of innocent babies.

Of all the routine laboratory tests, the simple enumeration of the number of bacteria in the milk tells us most concerning its general sanitary quality. A large number of bacteria in milk means that it is old, that it has not been kept cold, or that it is dirty. The number of bacteria in milk depends upon any one of these conditions. The laboratory results, further, serve as a guide to direct the efforts of the milk inspector, and they also serve to confirm the conclusions arrived at, from an inspection of the dairies and dairy farm. Mothers, physicians, nurses, and all persons interested in infant welfare can appreciate the value of pure milk.

It did not take long to convict a man for adding formaldehyde to his milk, when the baby of the chief of police was ill from that cause. May the day be hastened when those who are in power will be just as interested in protecting the babies of the unknown mother and father as they are in their own.

Perhaps the evidence brought in from the laboratory in regard to venereal disease has been the one thing that has stood out most



Interior of a Red Cross Laboratory Car

prominently in our work. In the sanitary zone, liquor, vice, and disease are the three foes that are fought. The liquor problem is handled by the police, but vice, by both the police and health departments. Any prostitute can be taken by the police to the health office, who take smears, and in a very short time it is known positively whether that girl is diseased. If negative, she is released, if positive, she is put away so as to safeguard the soldier. In our state the law reads:

> To isolate such persons whenever in the opinion of said deputy state health officer, the State Board of Health, or its secretary, isolation is necessary to protect the public health. In establishing isolation, the health officer shall define the limits of the area in which the person reasonably suspected, or known to have syphilis or gonococcus infection, and his (or her) attendant, are to be isolated. In cases of quarantine or isolation, not to terminate said quarantine or isolation until the cases have become non-infectious.

The state farm adjoins our city, so the deputy state health officer (in this case Assistant Surgeon, U. S. Public Health Service at head of the Unit), defines the farm as the place of isolation. Medical treatment is given and no one is released until three smears are taken which prove negative. A splendid woman is superintendent of this farm, and these girls are surrounded with such good wholesome environment that many have more home life than they have had for years. It is a real social work.

The water situation has perhaps made more work for the bacteriologist than any other one phase of the work. As mentioned before, a typhoid epidemic was in full sway when the Unit arrived in August, and the water, milk, and vault situations were all bad. Ninety per cent of the wells and cisterns were contaminated, hence condemned. The city water was also contaminated at that time. Tests are made every day from the pumping station, also from the tap at the laboratory, and water from every cistern and well is to be tested again this spring. With adequate vaults and milk ordinance passed and enforced, and the water problem handled through the laboratory, it is an assured fact that the health situation in our extra-cantonment zone will be very much improved. The work of the Unit will be justified.

During an air raid over Venice the palace in which Robert Browning lived and died was badly injured and all the stained glass windows were shattered. The palaces along the Grand Canal are closed, as much damage has been done in this part of the city by Austrian raiders.

THE GREAT LAKES TRAINING STATION

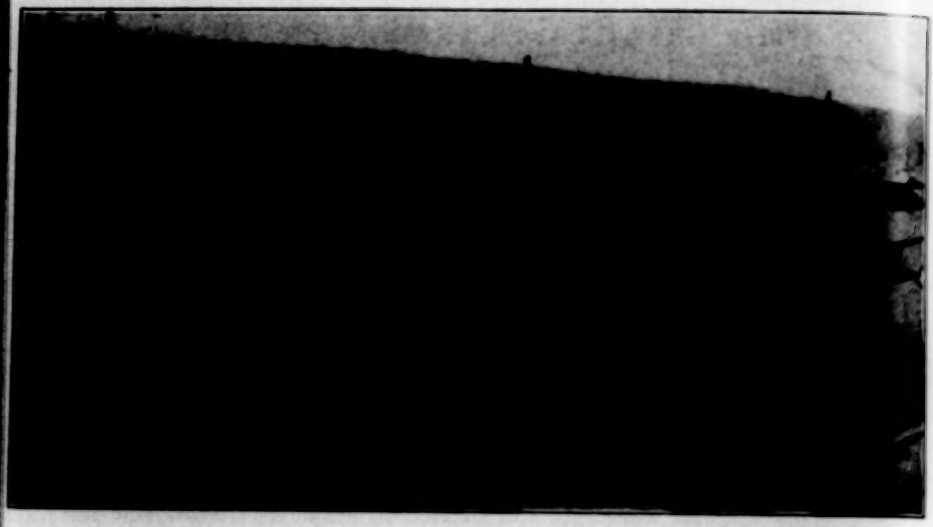
By J. Beatrice Bowman
Chief Nurse, U. S. N.

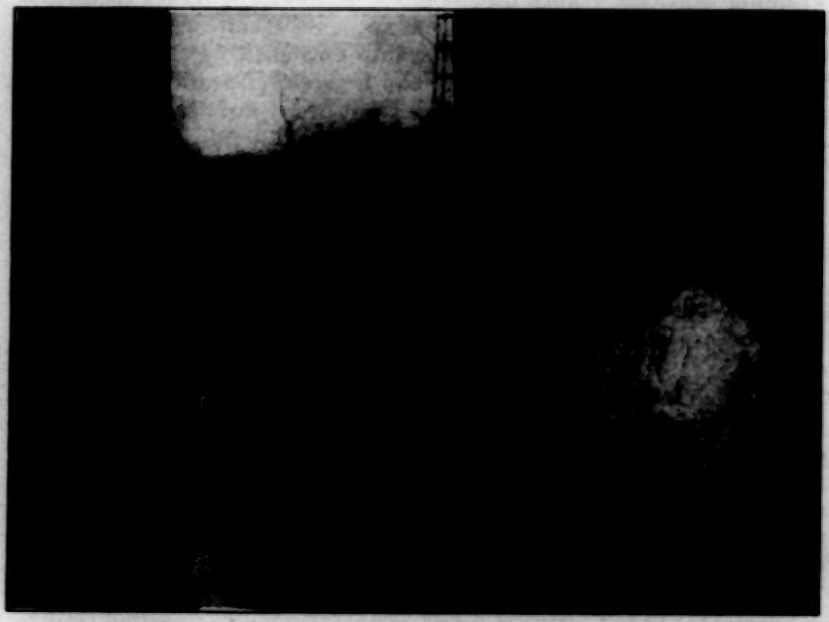
As the Training Station at Great Lakes grows, not only in the number of its personnel, but in efficiency, so must the hospital attached to this great Station be the best that it can be made by expenditure and effort. Under the command of Dr. H. E. Odell, Medical Inspector, U. S. N., and of the Executive Surgeon, Dr. H. F. Hull, Surgeon, U. S. N., a base hospital has sprung up with an organization in which there is the spirit of team work and which is governed by the principle of giving to our lads in the Navy the best treatment, care and attention. The doctors and nurses are most efficient, and the men "over there" do not face the enemy with a greater determination to clean up that infected area, than is shown at the bedside, daily, in our various wards and units, where we battle with the grim monsters of disease and death.

This hospital went into commission in May, 1917, but drew its quota of patients from a comparatively small number of men at the Training Stations. Since last summer, however, it would seem that an electric button had been touched, and as a result, over farms and the great plain, many units sprang into existence. Prior to August 26, 1917, one large brick building and a group of tents in which the sick were cared for, filled the park in front of the hospital; in January, a village of more than fifty building-units was in full working order. Twenty-nine of these units are, each, a complete hospital with quiet rooms, diet kitchens, offices and lavatories. In addition to the hospitals proper, there have been built modern laundries, nurses' quarters, Hospital Corps barracks, civilian employees' barracks, garages for amublances, trucks and jitneys, a complete water and sewage system, and many miles of cement roads.

The organization power at the head of this institution has not only shown its ability to erect villages over night, as it were, but with carpenters, engineers and employees of all kinds, the up-keep and daily routine have been carried on with surprising alacrity and efficiency. For instance, during this past winter there was one blizzard after another, but by eleven a. m. each day, roads were broken and we were receiving patients and provisions with no delays.

The Navy Nurse Corps at this hospital is composed of an efficient, interested and enthusiastic group of eighty trained women from the base hospitals in our country. All the executive ability, tact and patience that they possess is called forth. The nurses are not dealing





Outside and Inside, at the Great Lakes Training Station

with the "old salt" who knows and unconsciously lives his regulations, but they must become versatile in service regulations so that their knowledge will help these young lads to conform to the necessary discipline and thereby avoid trouble.

The responsibility for Government property in the hospitals, the treatment of patients, and the teaching of the Hospital Corpsmen belong to the ward nurse. She must so train and instruct the Hospital Corpsmen that they will be able to assume the responsibility of the work if she is taken from the ward, or if he is sent to sea duty. A tactful, clever nurse can inspire an unwilling lad to assume responsibility, even when he demonstrates a deep objection to become "trained" in the hospital sense of the word.

That "we are happiest when busiest," is demonstrated at this hospital. There is no time to worry over troublesome incidents. The nurses give their best efforts during their eight hours' duty, then turn their details over to their competent reliefs, and by rest and recreation prepare their bodies and minds for the next day's duties. We profit by our experiences, and having learned the lesson taught by an unfortunate incident, the episode is closed.

The quarters for the nurses are built on the bungalow plan, fourteen bedrooms, baths and toilets, to each unit. Additional quarters for fifty nurses are planned and will soon be started. Connecting the different units are large corridors or living rooms in which the nurses gather for sewing, reading, and writing, or any diversion they may choose. The bedrooms are neatly furnished with hospital bed, dresser, table and desk combined, rugs and chairs. The mess hall conveniently seats all the nurses at meal time and also lends itself for use of parties which they give, a friendly rivalry calling forth many ingenious methods of entertaining.

In addition to our own parties there are weekly movies or vaudeville performances at the auditorium of the Training Station, and dances are given at the parish house in the town. With settled weather, drills will be given in the open and one never wearies watching the men straighten and grow under the zeal of the drill masters.

In addition to the work and play, symposiums or conferences are held weekly and the nurses discuss freely their difficulties, questioning what should or should not be done. Regulations are read, in order that the military life may be understood; the desire for this knowledge and the alacrity with which they carry out suggestions and orders, show the splendid spirit of our nursing staff.

Patients are brought to the hospital from the Training Station and unless their cases are definitely diagnosed they are taken to the receiving ward, in which the beds are curtained off so that there can

be no contact or communication of diseases. After a diagnosis has been determined, the patient is transferred to a special ward for treatment; all medical cases to the emergency wards, surgical cases to the wards in the main building. The question as to the kind of treatment and the result is answered by the gratitude of the patients and by the low mortality rate. In the contagious units we have battled with scarlet fever, meningitis, measles plus bronchopneumonia, chicken pox and diphtheria. In other groups pneumonia has been treated most successfully with a standard pneumonia treatment. The serum treatment is also being used satisfactorily.

A dietitian is employed and her efforts in the well-equipped diet kitchen have been very satisfactory. About forty-five special diets are sent out at each meal, without noting the liquid diets between meals. The handling of hospital linen is a great problem. An interested, intelligent civilian has been detailed to this work, for which the Chief Nurse is responsible. In all departments of the hospital where the nurse can be spared, civilian employees have been placed, thereby liberating the trained nurse for her best efforts in the care of the sick.

We need the best nurses in the Navy that our profession can give; well-balanced, tactful, patient, cheerful women, whose love for their profession moves them to give their best efforts to care for the men who offer their lives for freedom and their country.

THREE MONTHS OF CANTONMENT WORK

By Ethel Haigitt

While nursing in the northern part of Washington State, a little over three months ago, I received a telephone message from the Chief Nurse of my "Unit" requesting me to report to her as soon as possible. I immediately made arrangements to leave my case, and upon reporting to her the same evening, learned that I was one of those selected to go to Fort Riley. Having heard a good deal about Kansas and the delightful climate, I was pleased that I was called there. We were to start on Saturday morning, which gave me two days to say good-bye and pack my small trunk.

Being a congenial party, we spent three enjoyable days on the train, arriving at the Fort at 5.20 a. m. As it was the latter part of November, daylight was just commencing to show and a thick fog made it appear much darker. To make things more pleasant, the train seemed to stop out in a freight yard, for we had a considerable distance to walk to the little depot. Then too, each had a heavy suitcase, to say nothing of numerous boxes of candy which we piled into

a sweater, tying it up like a bundle of clothes. We had not notified the Chief Nurse at the Fort of our expected arrival on that morning, consequently the usual ambulance which met the trains when nurses were expected was not there.

In the little station we found the usual large heater, with a delightful big fire burning. We stood around it for a while enjoying the warmth and discussing how we should ever get to the hospital or nurses' home, not having the slightest idea where either was situated. Upon inquiring at the ticket window if there were any kind of bus or automobile we could hire to take us there, a lieutenant stepped up and said there was not, but he was going that way and would be pleased if we would accompany him. His offer was immediately accepted with thanks, and after giving him two of our suitcases to carry, we proceeded on what seemed an endless walk, though he said it was a "short cut." I suppose the darkness, the fog, and a little homesickness helped to make it appear so, as I have taken the same walk many times since for pleasure, enjoying it more each time.

It was about 6.15 a. m. when we reached headquarters, which I afterwards learned is always known as One Hundred. Here the Chief Nurse lived. It was one of the fine old grey stone houses built for an officer's residence, but was being used, like some others, to accommodate the nurses. As there did not appear to be anyone up, we sat down in the large hall, used as a reception room by the nurses who occupied the house, and made ourselves as comfortable as possible, and decided not to let our spirits get dampened. I spied somebody's Red Cross cape hanging up, which I seized and tried on. We thought it very nice and of course wished we had ours right away. In the meantime we heard the maids getting breakfast, and very soon nurses commenced coming in. Of course we were at once recognized as new arrivals and all kinds of questions were showered upon us, as to where we came from, to what Unit we belonged, etc., while we were having breakfast. The girls seemed a jolly lot and pleased to see us. I soon found out how badly more nurses were needed, so maybe this was why their pleasure at seeing us was so great; it was not long before I was receiving newcomers with open arms.

After breakfast we met the Chief Nurse, and were conducted to another house, also a former officer's quarters. This was to be our home for the next two months, until we got into the new "Nurses' Home," then under construction.

As they were very busy on the wards, we were asked to be ready for duty by nine o'clock. Needless to say we were, and waiting for the Chief Nurse's return before that time.

The large grey stone buildings, which had been previously used

as barracks, band quarters, prison, mess halls, etc., were fast being cleaned, painted and remodeled, also a very good plumbing system was being put in. As we walked along Cavalry Drive with our Chief Nurse, she requested us to wait a minute for her, while she took one of our number into one of these buildings known as Sections, where she assigned her to duty. So we passed on until it came my turn, and into a Section marked "C," "Isolation," "Measles," I was ushered. Here I found two nurses and a head nurse, but the one whose place I was taking was to go on night duty. This Section, though full of patients, probably one hundred and forty, had only had nurses there for about two weeks; there were none to put there. Here, as in other sections, the carpenters and plumbers were at work. As you may judge, we were very short of nurses through all the Fort. We decided to put all the sickest patients and those requiring the most treatment into one large ward, thereby saving time and steps. We found the ward masters and corps men invaluable helps, many times willing to do things out of their province. The first two weeks, I must admit, I was very tired and the bed looked good to me at night. I must not forget to state that we had only eight-hour duty, that is, the day staff, that usually meant four hours on and four off. The night nurses worked twelve hours. During convalescence the boys are usually jolly, always appreciative of a cheerful smile or a kind word. When I had been in this Section three weeks, the Chief Nurse informed me that she wished to open another building, by that she meant placing nurses in it, and wanted me to take charge of it. Being still short of nurses she could only give me one, but promised more as soon as they could be obtained. When I left, I had nine for day and three for night duty, so you see she kept her promise. This section was larger than the one I had been working in, having a third story and an annex. This was for measles, also, though after the first month it was converted into the mumps wards. It was fortunate that I had had considerable hospital experience before going to Camp, as I had lots to see to, besides helping with the nursing. The building being already full of patients with only the wardmasters and the corps men to do the nursing, they had not had time to order the necessary equipment for the wards and things for use in case of emergency. I spent many extra, but very pleasant hours there, getting things into shape. Very often, when too busy during the day, I would have to leave the arranging of medicine cabinets, cupboards, drawers, etc., until after seven. I remained there in charge until our Unit was called to mobilize in New York, just three months from the time I had left our city in the north. Many days of hard work I spent there, but I enjoyed every

minute of the time, and nothing could induce me to give up my experience.

Shortly after New Year's, the nurses moved from the various houses they had occupied into the new home, a very nice two-story frame structure with all modern conveniences. We had one large community room with a piano and a Victrola and a very good floor, so when the rugs were rolled back, we usually spent a pleasant evening, dancing. There were dormitories and individual rooms for the nurses, a nice large dining room and two smaller reception rooms.

The Fort is one of the oldest in the United States and comprises thirty-three thousand acres. It has some most delightful walks, one never tires of rambling along the groves. I should have loved to spend the summer there and see the grand old oaks out in leaf.

There is a large Community Hall at the Fort where a dance is held twice a week. Then the "movies" at the Y. M. C. A. is another attraction, at least for the boys. The nurses always had a standing invitation. I must not forget the large town of Junction City, better known among the nurses as Junktown, having all the inducements of a small town striving to become a city. There used to be a half-hour car service between the Fort and the city, but I remember once signing a petition for the betterment of this, so probably it is a five-minute service by now. I am now waiting for a call to a still larger field beyond the sea, but I am sure, could our nurses realize how much they are needed in our cantonments, they would willingly give a year to the work, and not for one moment regret it.

CAMP MacARTHUR, WACO, TEXAS

By Loretta Johnston, R.N.

The Base Hospital is located about three miles northwest of Waco, Texas, a city of about forty thousand inhabitants. On entering the grounds, rows of oblong buildings can be seen, rudely constructed of pine lumber but substantial and comfortable. They are connected by board sidewalks with a four-foot railing on either side. These walks are very essential during the heavy rains. There are thirty-six wards in the hospital; there are four rows laid out somewhat in the order of streets, each row containing eight wards; there are four wards in different odd places about the Base, including the nurses' and doctors' wards. The rear row contains isolation and detention wards. In each row there is a space, about seventy-five feet wide and one hundred fifty feet long, between the wards. The

soil in these spaces is very fertile and is used for war gardens, and also for a variety of flowers.

On the whole, the entire Base is a very pleasing sight to the eye, as well as a comfortable and pleasant place for our sick and convalescent soldiers. Each ward is about one hundred fifty feet long and thirty feet wide. On entering one of these buildings, you see first a corridor five feet wide leading from the front entrance to the entrance of the ward proper. On either side of this corridor there are from five to six rooms, approximately ten feet square. One room is used as an office and contains two straight chairs, one easy rocker, a stove, two desks, one for the attending ward surgeon, and the other for the attending nurses of the ward, medicine locker, shelves for books, clinical records and supplies. Another room is used by the wardmaster; another for linens, blankets, robes and all necessary supplies for the ward; another as a service room and, last, a kitchen, the most essential and necessary of all.

The ward room is about one hundred feet long and thirty feet wide. Each ward contains forty beds; these are so arranged as to make two rows on either side the length of the ward, leaving a wide aisle between rows. The wards are well ventilated with ten windows on either side and four in the rear and front. There are three coal stoves in the ward, which give sufficient heat to make it very comfortable for the patients and attendants.

The nurses' quarters are located at the entrance to the hospital. This building is like the others, low and rude, but comfortable. At the main entrance is a large screened porch with a number of easy chairs, a Victrola which was donated by the Red Cross Chapter of Waco, and a hundred good records donated by a Red Cross worker in Detroit, Michigan. It is needless to say how much we appreciate this. At almost any hour music is heard and the nurses are seen floating about, dancing some dreamy "back-home" waltz or one-step.

On entering the building one finds nice wide corridors leading in different directions with doors on either side, opening into spacious rooms which are occupied by the nurses. Each room has a large window, each is large enough to accommodate two nurses. The beds are very comfortable. There are nice large screened porches roomy enough to accommodate a bed for every nurse in the building. These quarters accommodate about one hundred and forty nurses.

There is a recreation room which has ten windows and two double doors; it contains a piano, a number of easy mission rockers, two mission tables, a stove, two or three stands, two rugs, and electric lights. Parties and dances are given for the officers and nurses. The rugs, chairs, tables, etc., are removed from the room, which leaves the

floor space free and thus a very nice dance hall is provided when these parties take place. This is one form of recreation for the nurses and I think we are all very fond of it. Another very popular exercise here is horse-back riding, for the horses from the Artillery are at the officers' and nurses' disposal most of the time. Walking, tennis playing and driving are also much in vogue.

The day nurses are on duty for eight hours and are given from four to five hours off duty during the day; these hours being so arranged that there will be one or two nurses on duty continuously. The night nurses have twelve-hour duty, from seven until seven. The day nurses then report for their daily routine of duty. There are three nurses, four or five ward boys, or corps men, and a ward surgeon as the attendants of the ward during the day. One nurse and ward boy are on duty at night in each ward. The night nurse seems to get the worst of the bargain, but a night nurse in the army needs little sympathy, the duty is so different and so much more pleasant than civilian hospital duty that it is really a pleasure. The night seems short and is usually very pleasant; it is rather cool, but we can appreciate that for it is so warm during the day. Our patients are all very grateful and patient; in fact they are perfect gentlemen and real soldiers in regard to endurance of pain and suffering. America is very proud of her soldier boys and she proves it to the world by the care she gives them.

The nurses' dining room is built on the cafeteria style. There are sixteen tables, each large enough to accommodate eight persons. There is also a large screened porch off the dining room, similar to the one at the entrance of the nurses' quarters. The nurses are all very congenial, happy and healthy. The food is good and substantial, we eat like hungry soldiers. The nurses seem to enjoy army duty, but when they fail to get a letter from home, you will see a gloom overspread their faces. So friends of the "Nurses in Service," have a heart and write to them to-day.

During a recent air raid over London, Ellen Terry, who has just celebrated her seventieth birthday, was acting in the trial scene from the "Merchant of Venice" at the Coliseum. She continued the performance, without hesitation or tremor, amid the barking and roaring chorus of the anti-aircraft guns.

WHAT THE NAVY GIVES TO AND EXPECTS FROM THE CHELSEA NURSE

By Bertha I. Meyers

Chelsea, Mass.

When I first discussed my plan of signing up for the Navy, the following question was asked me: "Do you realize that you will be asked to give the same unquestioning obedience to your officers as is given by the soldier or sailor to his superiors, that you must go wherever and whenever you are sent?" Having learned obedience in my training school days, I had no fear on that score, and felt it would be somewhat of a relief to have some one else decide where and when I should change my residence.

After the usual preliminaries, I was assigned to duty in a Naval hospital; being sent, much to my satisfaction, to a station located in a city to which I was a stranger.

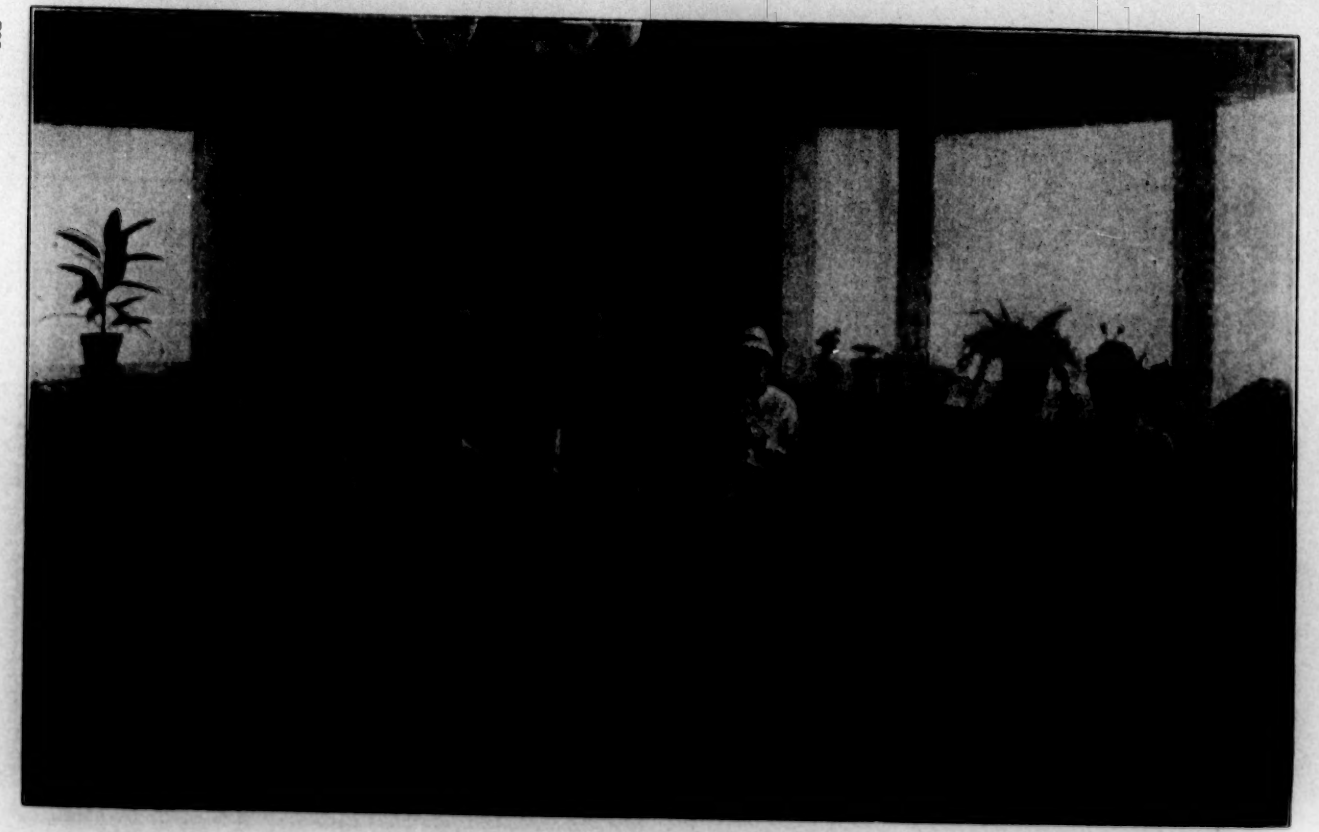
My reception at the nurses' quarters was most cordial and is, I think, typical to all nurses entering the Service, regular or reserves. As soon as my trunk and a few books were unpacked, I felt quite at home.

No special means of entertainment is provided, but one does not mope, except by choice; one may dance at the music of a pianola, play cards, read, knit, converse, or if she so desires, may retire to her room. There is always the city with its varied attractions in the winter, the delightful country offering many opportunities for renewing our acquaintance with the birds and flowers, and this year a new tennis court.

Our quarters are all that one could desire; bright, large, airy rooms, a few single, and the larger ones not over-crowded. Provision is being made in an adjoining building to quarter the necessary increase of the nursing staff. We feel, when reading of the hardships endured cheerfully by the sailors and soldiers, that we are too comfortable.

The hours are shorter than in most civilian hospitals, the unit of a hospital day being eight hours, continuous or in broken periods; the period of night duty is short, one month. A separate room for sleeping is provided for night nurses who occupy rooms with day nurses; in fact, every reasonable comfort is provided for, and in return is asked a conscientious devotion to professional duties. One of my strongest impressions is the high ideal which the Navy surgeon holds of the graduate nurse. He expects her, because she is a nurse, to be of the best type of woman.

The duties of the nurse in a U. S. Naval Hospital correspond to



Living Room, Nurses' Quarters, Chelsea, Mass.

those of a head nurse in a ward of any large civilian hospital, supervision of the general conduct of the ward, under the surgeon in charge of that ward. As her assistants, she has the hospital corps men of varying grades and experience. These have had a preliminary course of three or more months at one of the several Naval Training Schools, but for the teaching of practical nursing procedures, the nurse is responsible. Since it is on these men that the surgeon on the battleship depends for assistance in the care of the sick and wounded sailors, every nurse can readily see her opportunity to send her influence to the front, even though she may not go herself.

SOME THINGS BEING DONE FOR THE CONVALESCENT

By Mary H. DuBose
Chief Nurse, U. S. N.

The most trying time in the life of our patient from the acute stage of his illness until his complete restoration to health and return to duty, is that period dating from his first day out of bed until he is considered strong enough to make his first independent liberty. The influences brought to bear upon our men at this stage of convalescence, have become a matter for earnest consideration and thought on the part of our hospital authorities. The prime business of a military hospital is the rapid restoration of men to active duty. Consequently, any factor which may aid this result, immediately assumes a definitely important aspect. That a man's mental and emotional state may have upon him an actual physiological effect, is a question which has passed beyond the field of speculation. It has become a force to be reckoned with in the care of the sick. Though our personnel does consist so largely of young, high-spirited boys—even they cannot be considered immune from this period of depression, due partly to physical weakness and, to a certain degree, to nostalgia, from which even the strongest of us can hardly hope to escape at such a time.

In the Brooklyn, New York, Hospital, we have met this problem in various ways. To begin, the men are visited twice a week by representatives of certain well-recognized national organizations, who bring them fruit, flowers, magazines and games; in fact, they have introduced a note of personal interest and friendliness, to which the men have responded in like spirit. I have noticed many a reserved, taciturn, or homesick boy fairly expand under this influence. Genuine friendships have been formed, and when the boys are able to get out, they have found a welcome awaiting them in the homes of these warm-hearted, patriotic women, usually, themselves, the wives or mothers of men in the Navy or National Army.

In certain cases where the patient is too far from home to permit spending his sick leave with his family, a visit to some country home near New York has been arranged. While still a patient in the hospital, he is the frequent recipient of theatre, dinner, and auto-ride invitations. Last week, for example, I noticed that the men seemed to be entertained in a most successful fashion. Thirty matinee tickets to one of New York's most popular plays, were sent to us. At 1.15 p. m. a motor bus was at the gate to take the men. After the performance, a dinner was given them at the Y. W. C. A. It was then thought that they would be ready to return to the hospital, but the hostess of the party discovered that seven o'clock was no time of night for a sailor to go home, especially when a number of pretty girls were inviting him to dance, so they stayed over for the party at the Y. W. C. A. that evening, and came home at 11 o'clock, a tired but happy crowd.

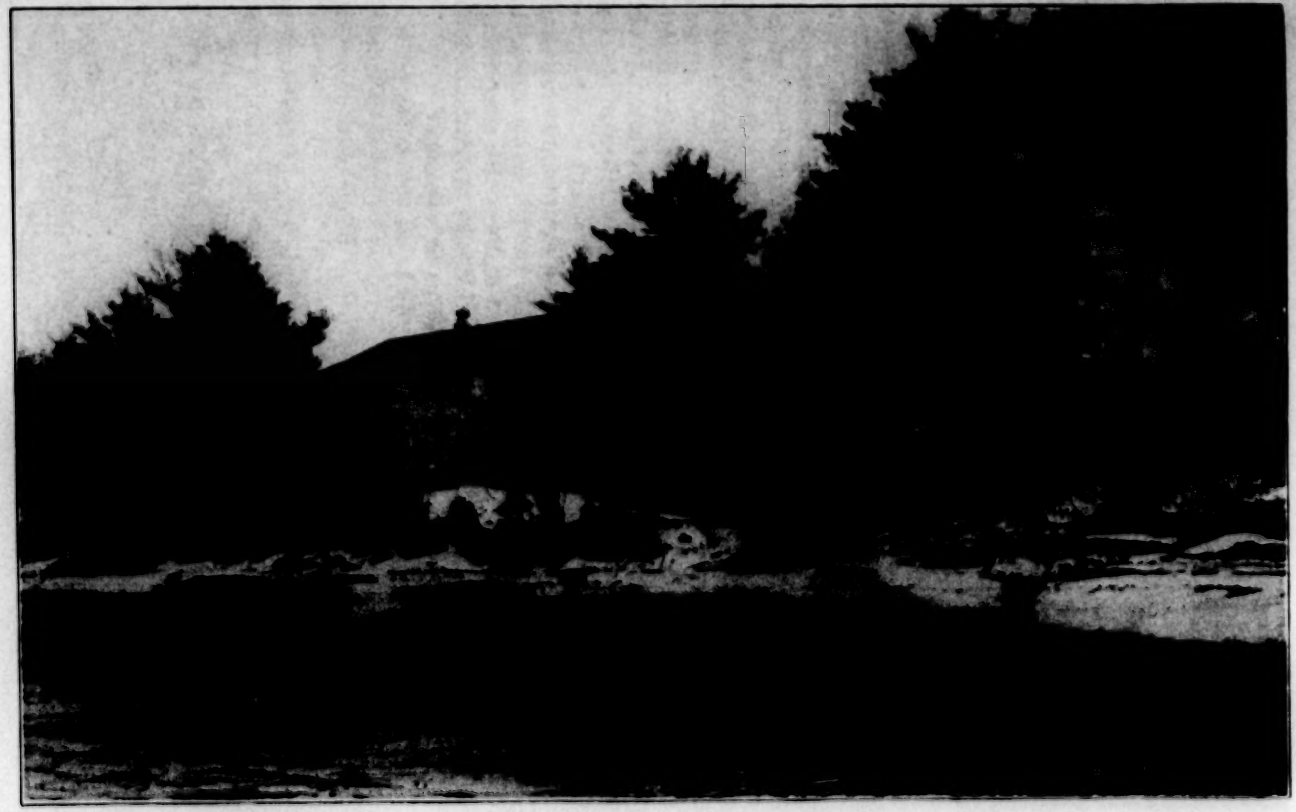
The men have not needed, however, to seek diversion beyond the doors of the hospital. We have brought it to them. Every Tuesday evening through the fall and winter months, we have had an entertainment of our own, consisting of community singing, vaudeville, and moving pictures. Our great convalescent surgical ward is an interesting sight on such occasions. The atmosphere is fairly electric. How could it be otherwise, when several hundred gay-spirited, keen-witted American boys are crowded into a flag-hung room, with someone at the piano to dash off the latest rollicking war song and everybody just waiting for the fun to begin?

We have a systematic way of arranging the ward for these affairs. In the center, the beds are pushed back and chairs are placed for ambulant cases, with ample space allowed for the "wheel-chair brigade," as we call them, and on either side are the stretcher cases.

Many interesting people, singers, readers, and vaudeville artists of national fame have appeared from time to time, to give generously of their talent and their art to an audience whose enthusiastic responsiveness but stimulated them to further effort.

I feel that I cannot close this little sketch without referring to one most amusing evening, when the New York Policemen's Glee Club came over to entertain us. Can you imagine the scene! Thirty or forty of "The Finest" massed at the end of the ward, with their great forms and bronzed faces, blue coats and brass buttons, against a background of the colors; and the slim young bluejackets crowded in until they were sitting cross-legged at the very feet of the august guardians of the law; and looking up at them with an expression of almost impish delight.

"Ah," says Jack to himself, "These be topsy turvy times."



Nurses' Quarters at Portsmouth, N. H.

THE NAVY NURSE AT PORTSMOUTH, NEW HAMPSHIRE

By A. J. P. (U. S. N. R. F.)

"Somewhere in America" on an island near the sea, convenient for the ships to come in, is a pretty white house in a pine grove, the home of a body of nurses, doing their bit cheerfully. The early morning finds them hard at work, caring for two patients where the night before there was one. The evenings are spent in the living room reading, knitting, dancing, listening to the victrola, or at the movies and, once in a blue moon, at a real play, thanks to the booking agencies.

We only use forty per cent of our energy, according to a professor, that is, in peace times.

The nursing duties are different from those of civil life, inasmuch as we have the usual Government red tape to contend with, but the nursing principles are the same and any one who is a good nurse outside will be a good nurse in the Navy. Anyone can do a thing right, herself, but it takes one with force and tact to see that subordinates are so trained as to do the thing as well or even better, and that is what we are here for, to care for the patients and to train the hospital corps men to go aboard ship and give their shipmates the right care.

Nurses from their training in observation are prone to criticise. To open-minded people criticism is welcome when it is constructive, but when it degenerates into habitual fault-finding with everything, it is deplorable and should be severely punished. Anything which tends to lessen the morale of the Nurse Corps is treason.

As all the world loves a lover so, I think, all the world loves a uniform when they are as smart looking as those of the U. S. nurses are, and I am sure we shall all be very proud to go back home, on leave, with Uncle Sam's stamp on us.

Hers indeed, must be a "soul so dead" that cannot feel a thrill for the one star which means "me" in the service flag floating over her hospital door and for the consciousness of being a war nurse.

But after all it is the call of the humanity of humanities which holds us.

Build me a house by the side of the sea
Where the sailor boys go by—
They are good, they are bad, they are weak, they are strong,
Wise, foolish—what care I?

For still I'll rejoice when the sailors rejoice,
And weep with the sailors that cry,
Let me live in my house by the side of the sea
Where the sailor boys go by.

(With apologies to Sam Walter Foss.)

WILL YOU BE A WAR WORKER?[1]

By Jessie M. Turnbull

Pupil Nurse, Ithaca City Hospital, Ithaca, N. Y.

How can we women help win the war by our mental and physical labor? With men the question is simple, Army, Navy, agricultural or industrial branches are open to them, for which they have been fitted by training. Women want to equal men in achievement, all for the war. Our sisters have gone into many fields as chauffeurs, truck drivers, munition workers, conductors and even as farmerettes to take the place of men called to the firing line. Each one has a place of duty, the personal character being often the deciding factor.

"I'd love to be a trained nurse" is an expression common enough. Let us consider it. "Fools rush in where angels fear to tread!" The United States hasn't felt any real war suffering. Sickness as usual, from ordinary causes, with every convenience at hand, is no great hardship. Wait till our men are sent back to us, then realization of war horrors will come as our Allies know it. To nurse the ordinary sick with the best of equipment is trying, to nurse the wounded tests nerves of steel. Have you that strength?

Women have been trained for the home, therefore when you enter the training school for nurses you will enter a new sphere of endeavor with far stricter codes than the home. In training you are comparable to the enlisted man of the army. Both give up some personal pleasures in perfecting a system of discipline upon which is based efficiency. Respect for superiors and obedience to rules, regulations and orders is required. Experienced officers of our Allies warn our fighters again and again that we must secure the strictest discipline of our troops in order to succeed. It is not every woman who can bring herself under hospital discipline. Can you?

Nursing tests character. To meet the test, strong character is essential. The patient studies minutely those about him and bases his opinion of their character upon the outward signs which are in-

[1] Read before members of the Training School, Ithaca City Hospital, February, 1918.

fallible indications of character. Upon making a new acquaintance do you not size him up by some or all of the following? appearance, voice, facial expression, carriage, touch or character of work. A nurse must possess tact to be a good disciplinarian. Men do not want a doll ambling around; they want a nurse with a backbone in her. Soldiers are trained in handling men. They admire a good boss and a good boss must have tact. Unpleasant situations arise; can you by your tactfulness say or do the right thing? Or are you like the kindly-minded neighbor who, coming in to visit a patient with a bad cold, consoled her by remarking, "I had a woman friend who had a cold. She called the doctor at 8 p. m. and at midnight she was a corpse." Tact secures the confidence and good will of the patient. You want to be a nurse, then study yourself and ascertain if you have the character requirement. Your success will be measured not only by what you know but by what you are.

Civilians at their desks have told us how easily we could send over a great army of men and win the war. You have probably said that you could go at once into active nursing service. Don't say it again! Stop! Senators have asked why we haven't gone *en masse* to Europe fully equipped. Our department heads have told of the great obstacles to be surmounted. Nurses like soldiers must be prepared by careful training before they are fitted for efficient work. Haven't you read of the "free lance" menace in Europe? women who want to do good but who are untrained and unattached. By lack of training and organization they become a mob. "Success in battle is the ultimate object of all military training; success may be looked for only when the training is efficient and thorough," says the Infantry Drill Regulations. Success is the same the world over. Do you want to be a success as a nurse? Thoroughness is the keynote of German success. Can we afford to be less thorough?

Know thyself and knowing, enter the highest and most specialized branch of woman's endeavor,—nursing, with loyalty and sincerity of purpose to succeed.

King George has awarded the military medal to three nurses for bravery, coolness and conspicuous devotion, displayed in performance of their duties on occasions when the casualty clearing station had been under hostile shell fire and bombed by enemy aircraft.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

AMERICAN RED CROSS NURSES IN GUATEMALA

When the earthquake occurred in Guatemala, late in January, a request was received at Red Cross headquarters, for three nurses, speaking Spanish, to report at once at Guatemala City for service in the Red Cross Hospital which had been established immediately after the earthquake.

At the Corozal Hospital in the Canal Zone were several nurses enrolled in the Red Cross who had signified their desire to accept active service. A cable was accordingly sent to Mary L. Stakelum, Superintendent of Nurses at the Corozal Hospital, asking that she and two others report as soon as possible at Guatemala City. Accordingly Miss Stakelum, Louise Lindhall, and Marie Schiess, all of whom had acquired a knowledge of Spanish in the Canal Zone, left immediately for Guatemala City, arriving on the evening of February 24th. Having been accustomed to the tropical climate of Panama, they suffered with the cold at first, but soon became inured to the new climate, though they still require many blankets at night.

They reported at once to the Red Cross Hospital, of fifty beds, and found three Sisters of Charity established there with five native nurses, who had been trained in a private hospital in the city. These Sisters had had charge of the City Hospital and with the five nurses had volunteered their services to the American Red Cross Hospital when it was first established. They are still there in charge of the diets, laundry and servants.

The chief work to which the nurses devoted themselves at first was the giving of vaccines to the people, not only in the Red Cross Hospital and Camp but in the city itself. Owing to the fact that a great part of the sewage system had been destroyed, there was fear of an epidemic, because of the unsanitary condition under which the people were forced to live and because the rainy season would soon be upon them when there was greater danger of epidemics of all kinds. Some typhus has been reported but it is under control.

In addition to the hospital, the American Red Cross established a camp comprising about a thousand tents where people rendered homeless by the catastrophe were given shelter and food.

Only the administrative and hospital departments with offices, store houses, kitchens and operating rooms have wooden buildings, tents being used for all other purposes. The nurses report that they

find the tent life comfortable, even the routine of hospital work is accomplished without any great inconvenience. The medical work in the hospital is performed by students, called *practicantes*, under the supervision of the best physicians in the city, who come out to look after things, and who perform all the operations, the students acting as assistants. Owing to the tremendous destruction of buildings, all the hospitals are filled to their utmost capacity, but the work of reconstruction is going on rapidly and temporary shelters have been erected in all available spaces in the patios.

The spirit of willing service with which these nurses responded has always characterized the Red Cross Nursing Service, and is its greatest asset.

RED CROSS NOTES

By Clara D. Noyes, R.N.

The latter part of February, a request was received from the office of the Surgeon General, asking that the papers of all nurses attached to Base Hospitals and Hospital Units not yet assigned be sent to that office as rapidly as possible, for temporary assignment to cantonment hospitals, pending the mobilization of the entire Unit for Foreign Service. The papers of the fifty base hospitals were, therefore, transferred with the exception of the following:

Base Hospital 29, Denver, Laura Beecroft, Chief Nurse.

Base Hospital 35, Los Angeles, A. C. McFarland, Chief Nurse.

Base Hospital 48, Metropolitan Hospital, Blackwell's Island, Helene Bengston, Chief Nurse.

Base Hospital 49, Omaha, Ida Gerding, Chief Nurse.

Base Hospital 50, Seattle, Belle Fraser, Chief Nurse.

During the month of March, the papers of 1636 Red Cross nurses were sent to the office of the Surgeon General of the Army:

From Base Hospitals	1032
From Hospital Units	17
From Emergency Detachments for Home Service	364
From Emergency Detachments for Foreign Service	68
From special Base Hospital Units	97
Assigned to Red Cross Units in France and this country	29
Assigned to office of Surgeon General of the Navy	29
	1636

It is interesting to note that the nursing personnel of eighteen of the fifty Base Hospitals was increased from sixty-five to one hundred

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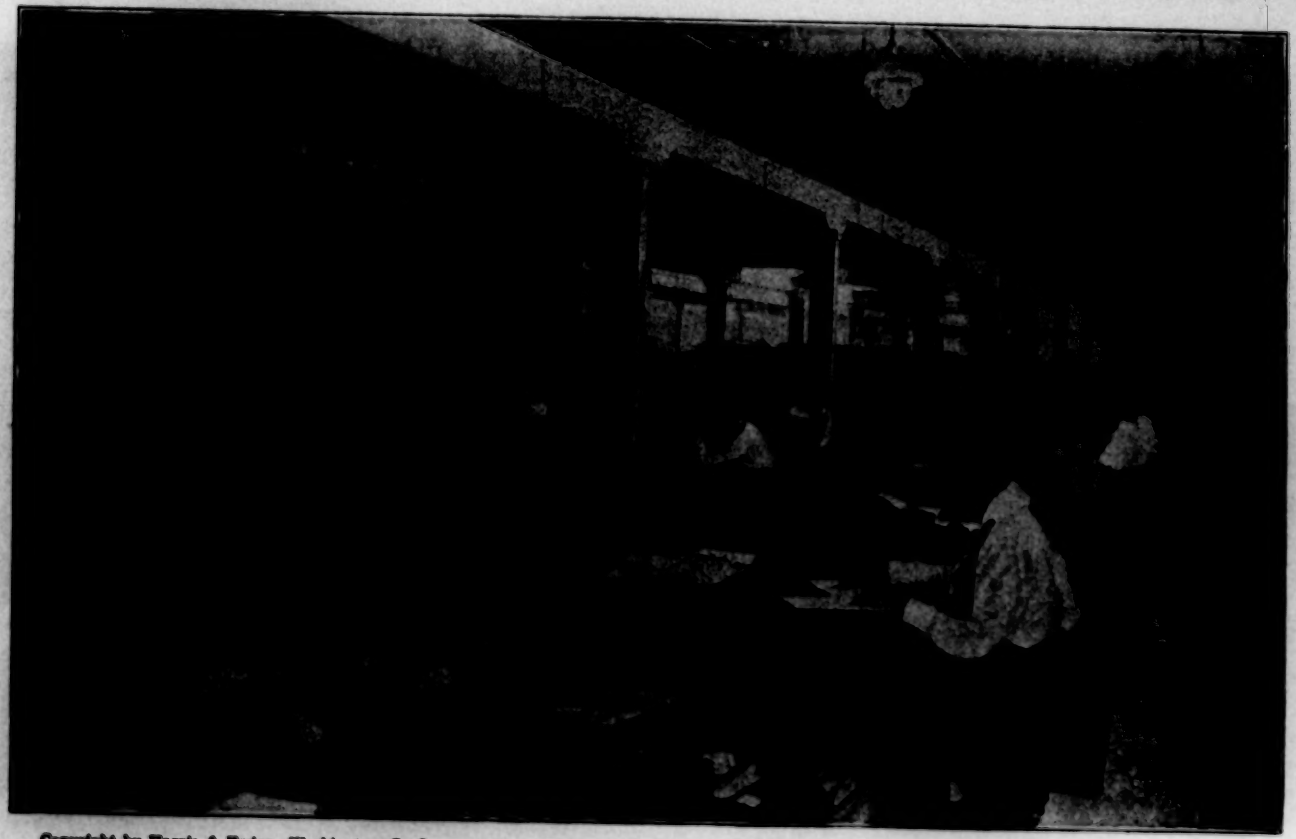
Miss Delano and Staff in her Office. Upper row, left to right: Sarah Addison, Harriet Douglas, Vashti Bartlett, Virginia Ward, Anna Reeves, A. Maury Carter, Lucy Minnigerode, Katrina Hertzer. Lower row, left to right:



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The New Office for Red Cross Workers

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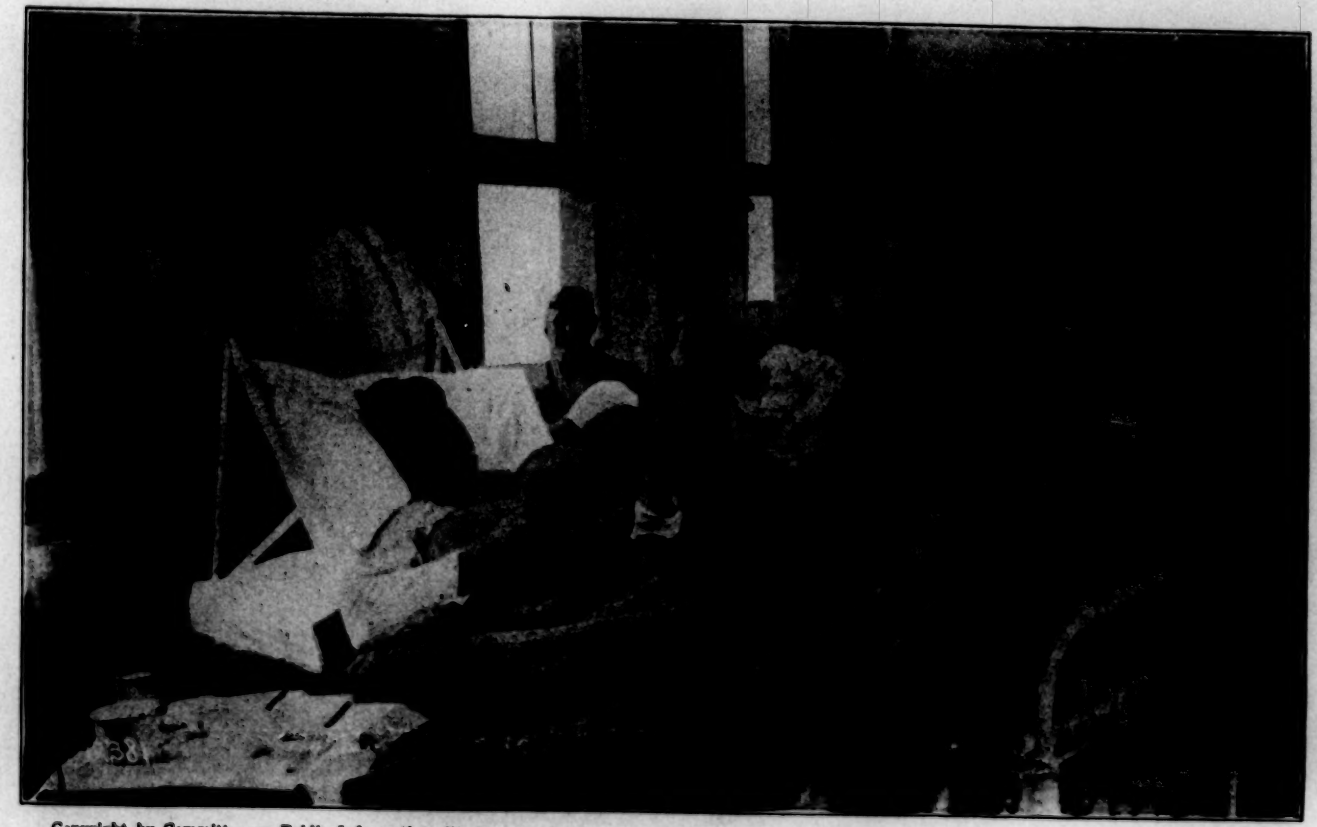
Our Own Nurses Care for Our Own Men, Over There



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A Happy Group in Base Hospital No. 6

nurses, making a total of 3734 nurses that were attached to Base Hospital Units for the Army.

The organization of the nursing personnel, by the Chief Nurses of the Base Hospital Units, has been quite a remarkable achievement, the majority of them having accomplished this while they were holding their present positions. The amount of time, strength and energy put into the work has been very great, and the office at headquarters is deeply appreciative of the splendid spirit shown by this faithful group of women.

TRAINING SCHOOL UNITS

A special letter was sent out during the month of March to two thousand training schools, asking them to organize small units of five or ten, or even fewer, of their graduates, to be used to supplement the nursing personnel of the Base Hospitals in Europe or the cantonments, or for detached service in Europe or elsewhere. It was further stated, that if possible they would be assigned to duty as a Unit. Membership in a Unit appeals to the average nurse; if she feels that she may be sent into a cantonment with a group that she knows, the chances of homesickness and loss of efficiency are reduced to a minimum. The Surgeon General's office has specified its willingness to assign these Units, as far as possible, as a Unit.

In the last number of the JOURNAL, individual assignments and preferences were discussed at length. The attention paid by the Surgeon General's office to individual preferences in this direction has been quite remarkable, and although there may be instances where the desire has appeared to be disregarded, on the whole, considering the enormous number of nurses assigned to service, this is the exception. It is hoped that the superintendents and the organizing nurses of the so-called Training School Units, will undertake this work with the same spirit of coöperation and interest that has been shown by the nurses who have organized the nursing staff of the Base Hospitals and Hospital Units and Emergency Detachments.

UNIFORMS

We hear criticism from various directions concerning the appearance of the nurses, the lack of uniformity in their uniforms and the inattention to detail on the part of nurses assigned to duty. The nurses equipped for foreign service are given uniform equipment by the Red Cross, consequently there can be little opportunity for criticism of this. The uniform worn in the cantonments is the white one adopted by the Army Nurse Corps, known as No. 400, Nurses' Uniform. A white uniform, however, which meets the specifications for No. 400 in essential particulars, may be utilized. The No. 400

A Happy Group in Base Hospital No. 6

nurses' uniform can be bought now in all the leading department stores.

For nurses in home service, the cape, cap and cadeuceus will be provided after reaching the post of duty, by the Red Cross.

Considerable misunderstanding seems to have arisen concerning the use of the cadeuceus. After nurses are assigned to duty with either the Army or the Navy, they lay aside, temporarily, the Red Cross pin, using instead, the insignia of the Army or Navy as the case may be, to fasten the collar. There should be no feeling on the part of the nurses concerning this ruling. The situation is almost or quite parallel to the use of the training school pin or other class insignia, it would not be in keeping with the uniform of the Army or Navy Nurse Corps to wear the insignia of another organization. A ruling has been rendered, however, by the Surgeons General of both the Army and Navy that the Red Cross may be retained on the caps. The utilization of the Red Cross on the most conspicuous part of the uniform would seem to be sufficient to indicate that the nurse is not only a member of the Army Nurse Corps, but that she is also a member of the Red Cross Nursing Service. When a nurse is in doubt on any point concerning her uniform, a letter to National Headquarters or to the nearest Division Director will be promptly answered.

Nurses assigned to cantonment hospitals should reduce their "impedimenta" to a minimum. There is little space for personal clothing or trunks. The officers and privates must recognize this requirement, and in time of war the nurse should study the question with a view to eliminating all non-essentials. One suit, heavy ulster, plain hat, rain coat, shoes, overshoes and umbrella, supply of uniforms and plain underwear and one additional simple dress, shirt-waists, bath-wrapper and slippers, and toilet articles, are about all that will be required. All elaborate dresses and lingerie, fancy shoes, etc., are entirely inappropriate and out of place. A. R. C. Circular No. 702 gives full particulars concerning equipment and will be forwarded from National Headquarters on request.

A summer uniform has been adopted by the Red Cross for nurses in service in the sanitary zones and for other Red Cross Units. This consists of coat and skirt of the same design as that of the Army Nurse Corps, but of gray panama cloth. A black straw sailor hat, of a very becoming shape, has also been adopted to wear with this uniform.

The following letter from Edith Madeira, Chief Nurse of the Palestine Unit, will, we are sure, interest the readers of the JOURNAL:

I am told that we will stop at San Lucia tomorrow for coal, so I am sending you this line to tell you we are on our way to Palestine at last. We reported at

the Red Cross rooms on the 13th of March at 9 a. m. At 10, we were told to get our luggage and be on the dock at noon. It was a scramble but we all made it and were on board by 1 o'clock, only to find that we were not to sail until the following morning. Even then we felt uncertain, for although we left New York at 7 a. m. we were back in the outer harbor by 3, to repair a pump. Over the next day I draw a veil; we were very cold and very sick, and it rained. Now we are very hot and it has just been arranged for us to sleep on deck, as the staterooms without any air are ghastly. Of course all port holes have to be kept closed. We had a life boat drill the other day and it showed the entire company on board. The stewards are Lascars, dressed in white, with flat white hats on their heads. The crew seems to be a mixture of Malays and Chinese. The officers are English. We, of course, are a uniformed party. The men in U. S. uniform, the canteen workers in gray, and the women doctors and laboratory workers in khaki. Our blue uniforms and red-lined capes show up very well with such a background. We have on board a vaudeville troupe and some other passengers. We are being educated:

Setting up exercises, 7. 30 a. m.; breakfast, 8 a. m.; Arabic lesson, 9 a. m.; lecture on Palestine, 10 a. m.; dinner, 12 m.; French, 2.30 p. m.; tea, 3.30 p. m.; drill, 5 p. m. Lectures, amusements, etc., are thrown in, in addition.

I have a fine set of women on my staff. I am more pleased with them every day. I wish you knew them all. We are very much pleased too, with our equipment, as we have already tested it in nearly every way, starting with winter things, and now wearing our thinnest clothing.

A report on the transport of British prisoners of war to Germany in August-December, 1914, has just been published by the British Government. It contains the sworn statements of officers and men. The record of the cruelty of the German nurses to the wounded is hard reading for trained nurses. However, the only act of kindness recorded came from two or three Red Cross women. At Coblentz the sliding doors of the truck, in which a number of wounded had traveled for two days without food, or water, were pulled open and German women came up and asked when the prisoners had food last. When they found that they were famished they went off and got some sausage sandwiches. Before they could give them to the wounded some German officers prevented them, saying "These are English prisoners and they are to have nothing." The men were flung into loathsome cattle trucks, the floor covered three inches deep with horse excretion. A prisoner was pulled out in front of these wagons by an officer in charge of the station at Mons and after being cursed in filthy language for ten minutes was kicked back by a soldier into the pestilential mess.

LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

RECRUITING METHODS OF ONE ALUMNAE ASSOCIATION

Dear Editor: Inasmuch as the Red Cross Nursing service is making a drive to obtain the enrollment for active service of 5000 registered nurses before June 1st, it seems to me to be the duty of every member of the American Nurses' Association to assist in every possible way, if we are to achieve the result asked for. The Alumnae Association of St. Luke's Hospital Training School for Nurses, New York, has formed a committee which has circularized every graduate of the school who is not at present in active service. A copy of the letter follows. The result has been that every graduate nurse in that Alumnae Association is putting herself on record, either to enroll or to give her reasons why this is not possible. From the replies, we find that a number have applied for enrollment, signifying their readiness to report on June 1st, while others are willing to give emergency service locally if called upon to do so. This plan has the merit of simplicity and practicability, and I believe it would commend itself to other alumnae associations.

"My dear Miss ————:

"A personal appeal has been made to all superintendents of nurses throughout the country to assist in increasing the enrollment of nurses in the Red Cross Service for duty in Europe or the cantonments. The Surgeon General has asked for a supply of 5000 nurses by June 1st, for the Army alone, and has estimated that probably not far from 30,000 additional will be needed by January 1, 1919. In response to this urgent request, a meeting was called consisting of the committees of the Alumnae Association together with other Red Cross representatives to determine how to make known this appeal to the graduates of St. Luke's who are not enrolled in the Red Cross. After due consideration it was decided by the members of the meeting that our nurses who are free to respond to this call for assistance, should do so by June 1st, or later, if more time is needed to arrange their affairs. Each school is asked to organize units of 5 or 10 nurses or even less or several such units. It has been promised whenever possible these units will be kept intact. It was the pleasure of the meeting that I ask if you are in a position to enlist. Even though it is impossible for you to join the Service, I will be grateful to you for a reply to this letter. If you decide to enroll, I will be glad to send you the application form or any further information you desire."

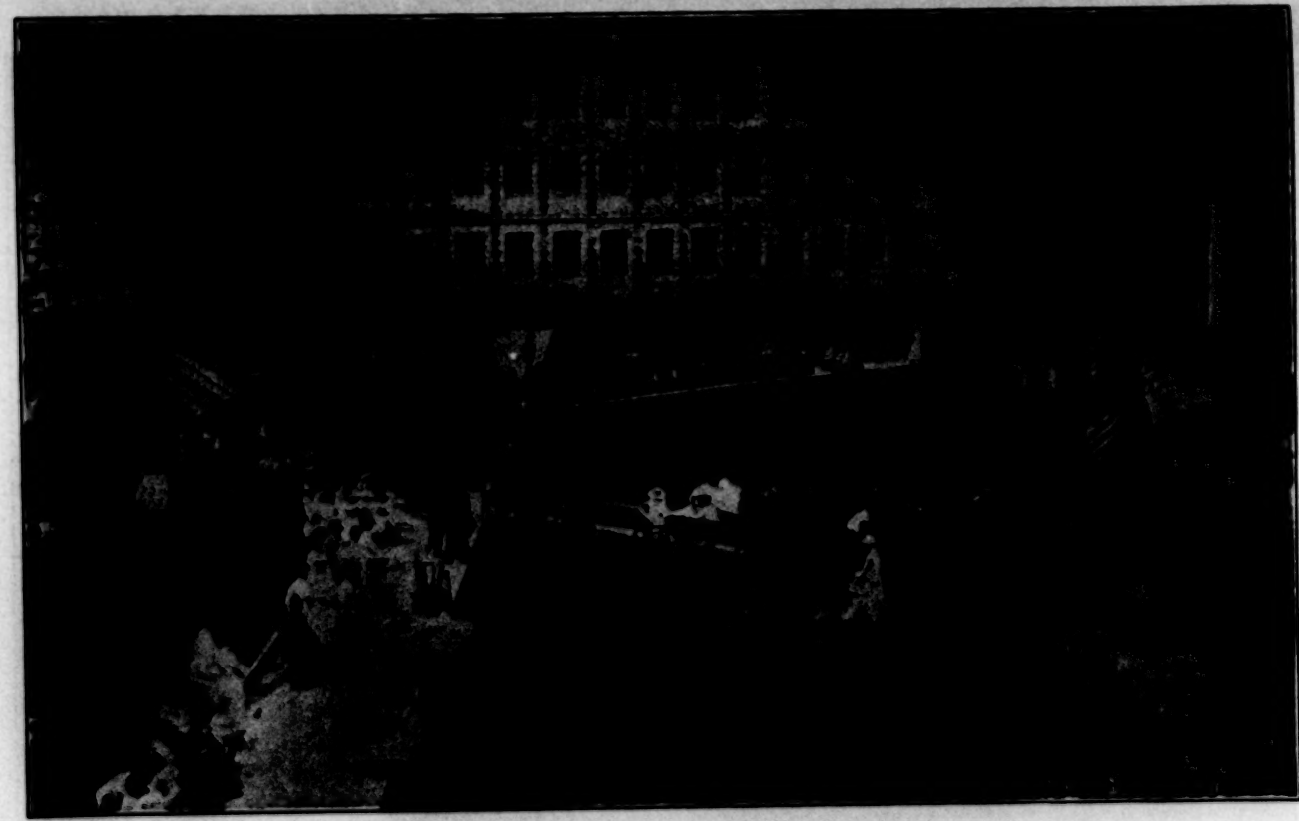
This letter was signed by the Superintendent of Nurses, Mrs. Bath.

New York A. M. H.

LETTERS FROM NURSES IN FOREIGN SERVICE

I.

Dear Editor: Thank you so very much for the copy of the JOURNAL you are sending us. While a number of the nurses receive their own copies, I am very glad to have this extra copy for their sitting room. We need the JOURNAL over here, especially to keep us informed of nursing affairs in the States and also we learn a great deal from it of the other Base Hospital Units in France that we wouldn't otherwise know. There is always much discussion of the most recent news after it has arrived. It is a miserable, cold, wet day with steady rain and sleet. The nurses are paddling about in rubber boots and rain coats and



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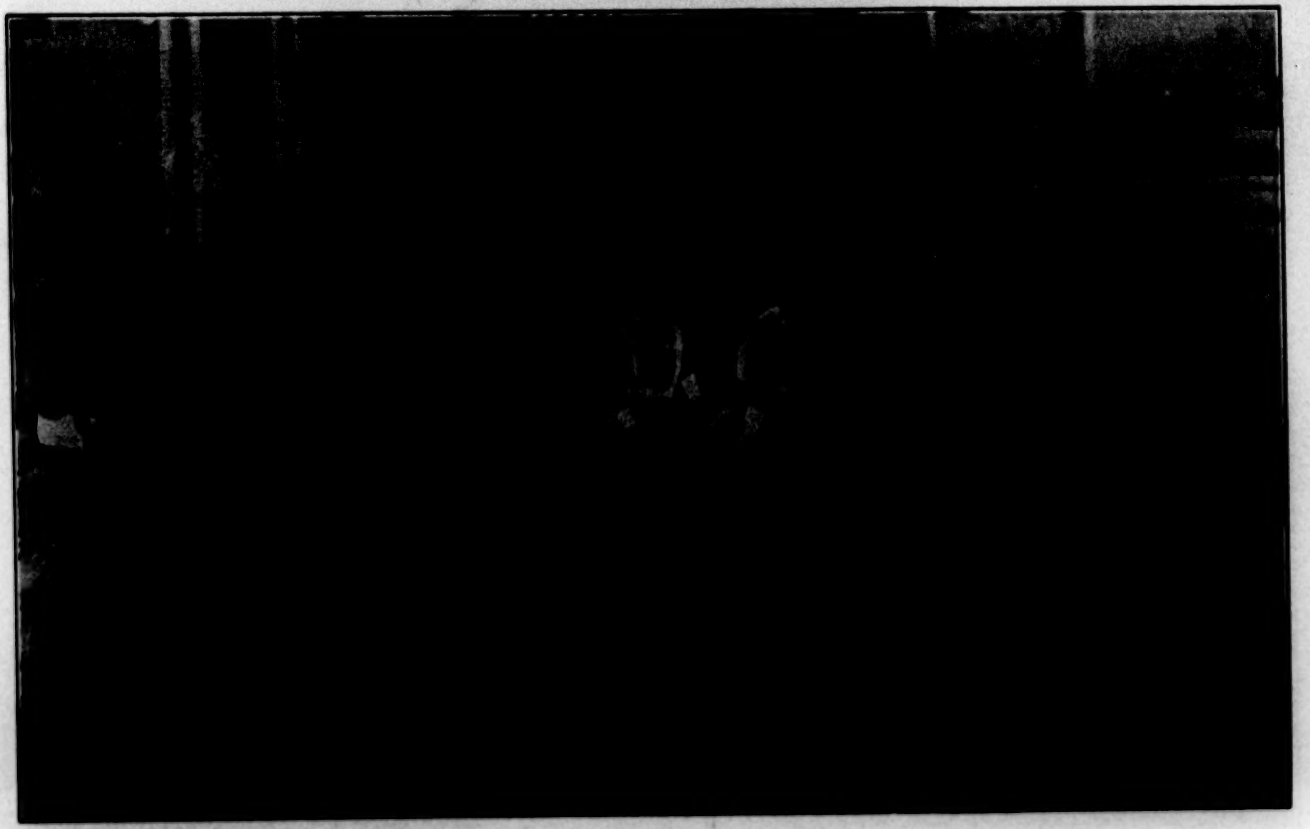
Courtyard of the Convalescent Hospital in Paris



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In Dr. Blake's American Hospital, near Paris

rain hats, or wool caps, and knitted wristlets are keeping their heads and hands warm. We had several weeks of lovely sunny weather but had to expect this new touch of winter we are told. I am sure we have not had half as bad a winter as you have had at home. I know we have had far more sympathy than we deserved, for we have managed beautifully and have all kept remarkably well. I just wish I could tell you what a wonderful group of women I have with me. Their spirit is splendid, and their work, their conduct, their whole service has been all that possibly could be desired. They all deserve haloes, they are all such good sports. The "mention" I got was not for any bravery or anything I did, but just a recognition of the splendid gift of the whole group.

J. C. S.

II.

Dear Editor: We are fairly well established and have been quite busy taking care of American soldiers since the first of November. We have five hospitals with a bed capacity of two thousand, but so far have had not more than six hundred patients at any one time. Our situation is most charming, and we are comfortably housed and well fed at the present time. The Y. W. C. A. has just established a reading room for our nurses and those of No. 23, who are in this same town.

France B. L. H.

III.

Dear Editor: We very much appreciate all home news and, needless to say, we are particularly interested in news of the nursing world. These are, of course, strenuous days for everyone, and especially so, I can imagine, for the nurses at home. I sincerely trust that our profession may be able to meet its obligation and opportunities at this time of international need. Our hospital is not as busy as it will be, but we are having busy days nevertheless. Many of the nurses have had valuable and interesting experiences, both at the Clearing Stations and among refugee children.

France E. A. McL.

IV.

Dear Editor: We are on a high bluff on the water side, and when it blows there is nothing like it on earth anywhere; if we ventured near the cliff we would be blown to sea. We are now nicely situated in little brown huts, but early in the winter the nurses from another hospital were in tents between us and the sea, or rather the edge of the cliff. One frightfully stormy night the wind, in a terrific gale, blew all the tents down in an instant, and clothes went flying all over, many going over the cliff into the sea. Since then the huts have been built and all nurses are well protected from such a catastrophe. Just at present we are rather quiet, having only about 900 patients, half our capacity. It is a relief for a time and we are getting in vacations as fast as possible. It is far harder, though, to run a hospital like this when the work is light than when it is heavy; everyone lets down and the morale is not so good. The quiet times are the test times. The winter has not been as bad as we expected. To be sure it has been extremely cold at times, but it is not the cold but the dampness that gets into our bones, and we all have a cough, they say everyone in France has the same cough. On the whole the nurses have stood the test very well, the coarse food agreeing with them, although at times they would like some American products such as you are enjoying at home. We get discouraged, sometimes, won-

dering when the war will be over. We have been here eight months and it looks about the same as when we came. We all think the patience of the British remarkable after three years of it. This working together, British, Canadian and American, has been a wonderful experience and it has broadened the nurses' views a great deal. As Americans and as nurses we have much to learn by mingling with others.

France M. D.

V.

Dear Editor: It is some time since I wrote to you, and sometimes I wonder if all our letters reach their destination. My mail has been coming very irregularly the last two months. I was transferred back to Paris the last of January to take charge of the work the Children's Bureau is developing here. I had a very interesting three months at Toul, we were so near the front it made things rather lively at times, particularly on bright moonlight nights when the "bosche" aviators came over to visit us. Just a few days before I left they were over about noon. We got so used to the bombarding we hardly paid any attention to it. We have had two air raids here since I came back and every precaution is being taken to protect the city. It is very interesting to see how the historic buildings, statues, etc., are being covered with sand bags, and even cement walls. I think I told you that our plan at Toul was to develop traveling dispensaries to go out to the neighboring villages to care for the women and children. Before I left I helped to establish two of them. One was in a munition factory town and it was a great satisfaction to see how much the mothers appreciated what we were trying to do for their children and how cordially the two military doctors welcomed us and referred patients to us. The owner of the factory has become so interested in our work that he is putting up a building for us to use as a hospital and dispensary, so that in a very short time we expect to have a permanent staff located there. On New Year's Eve, just as we had finished, and our last patient had left the dispensary, a regiment of French soldiers came into town and stopped for their evening meal. I don't know how many miles they had marched, but they all seemed contented and happy as they crowded into the canteen, which we used for our dispensary, and prepared for their "sup." I shall never forget the picture which met our eyes as we left the building. It was a beautiful moonlight night and the ground was covered with snow. A camion[1] was standing at one side of the road with rows of stacked guns around it, and hundreds of soldiers in their blue uniforms were being served from the field kitchens with their bright fires and steaming kettles. When we returned the following Thursday, we found a note written in English pinned to one of the tables in the canteen, saying: "Thanks for the use of your canteen for my men. Hurrah for the American soldiers," and signed by one of the officers. Although a long way from home, we had a very pleasant Christmas. We had several trees, with toys and sweets for the children, and they all had such a good time we forgot our own Christmas in seeing them so happy. We are doing many interesting things and are developing the work for children all over France. Here in Paris we are trying to cooperate with the agencies which were active before the war and whose work has been handicapped because of lack of funds and workers. We are employing French *infirmiers*, not only to act as interpreters, but to train them, so that when the time comes for us to leave France, the work which we have been doing can be continued by the French.

France M. T. P.

[1] A camion is a little dray or truck.

VI.

Dear Editor: We have been so long over here, it seems like a lifetime; just nine months today since we sailed from New York City. We wonder and wonder when we shall ever get back home again. We are living now in two states of unrest; one is, Shall we be taken over by the American Forces when our year is up here, or shall we stay with the English? You know we are in charge of a big British hospital of 2000 beds. The other state is, When is Fritz going to begin his spring onslaught? We are hustling through vacations so as to be ready when the day comes. The whole thing is frightfully appalling, though we go on and on from day to day as though at home. In our time off duty we do about the same things, playing outdoor games and walking all over the country. Living conditions are excellent with us. We are quite used to sleeping on cots and crawling into sleeping bags and washing in the cold. We live in huts and they are extremely comfortable; at times when excessively cold and windy they are somewhat draughty, and the water in one's pitcher may be frozen, but these things, after all, are little to worry about when one sees frozen feet and gangrenous toes on the men, who never whimper. We are fed quite well; of course, we miss many things, but they were luxuries after all, such as much sugar and flour. Our ration bread is wonderfully good, though we shall be glad to see our own kind of bread once more, and be able to sugar everything to taste. The nurses are keeping well and, for the most part, happy and contented, though we all sometimes long for home and hospital. Best wishes and congratulations on the way the nursing profession has handled the situation in America.

M. A.

LETTERS FROM NURSES IN HOME SERVICE

I.

Dear Editor: When orders came from Washington to take my oath of office and proceed without delay, I was quite thrilled. I knew I was going to a Base Hospital at a cantonment but hardly knew what that meant, as I had been busy with private nursing and had taken very little interest in the camp being built even so near Boston. I can never forget the cold, rainy day when another nurse and I left Boston for Camp Devens. Upon arriving at the station we met a third nurse from the same training school, and all three rode to the hospital in the same bus. It was a long rough ride, as the roads were very poor and the hospital at the farthest end of the camp. I knew I never should leave the nurses' quarters until the end of the war, but there was a marvelous change in the roads in a short time, and I found myself spending my "half-days" in Boston. Our orders read to report to the Commanding Officer, and our chief aim seemed to be to find him, regardless of what became of us next. We even talked to the driver about him as though he knew the Commanding Officer personally. The hospital was under construction, nothing in running order, everything in more or less confusion. We bounded in upon Major Jones in anything but a military way, and as soon as we presented our order, we walked over to the nurses' quarters with corps men to carry our bags. As we entered, a head was peeking from nearly every room at one end of the corridor to see what the next nurse looked like. We all talked at once and one was as strange as another. Each chose her room in which there was a bed, all made, a chair and a table, and then we began to look around. To our happy surprise we found a kitchen and a coal fire in a real stove, but no heat in any other part of the place. It didn't take us long to take our chairs and hover around the stove, from then

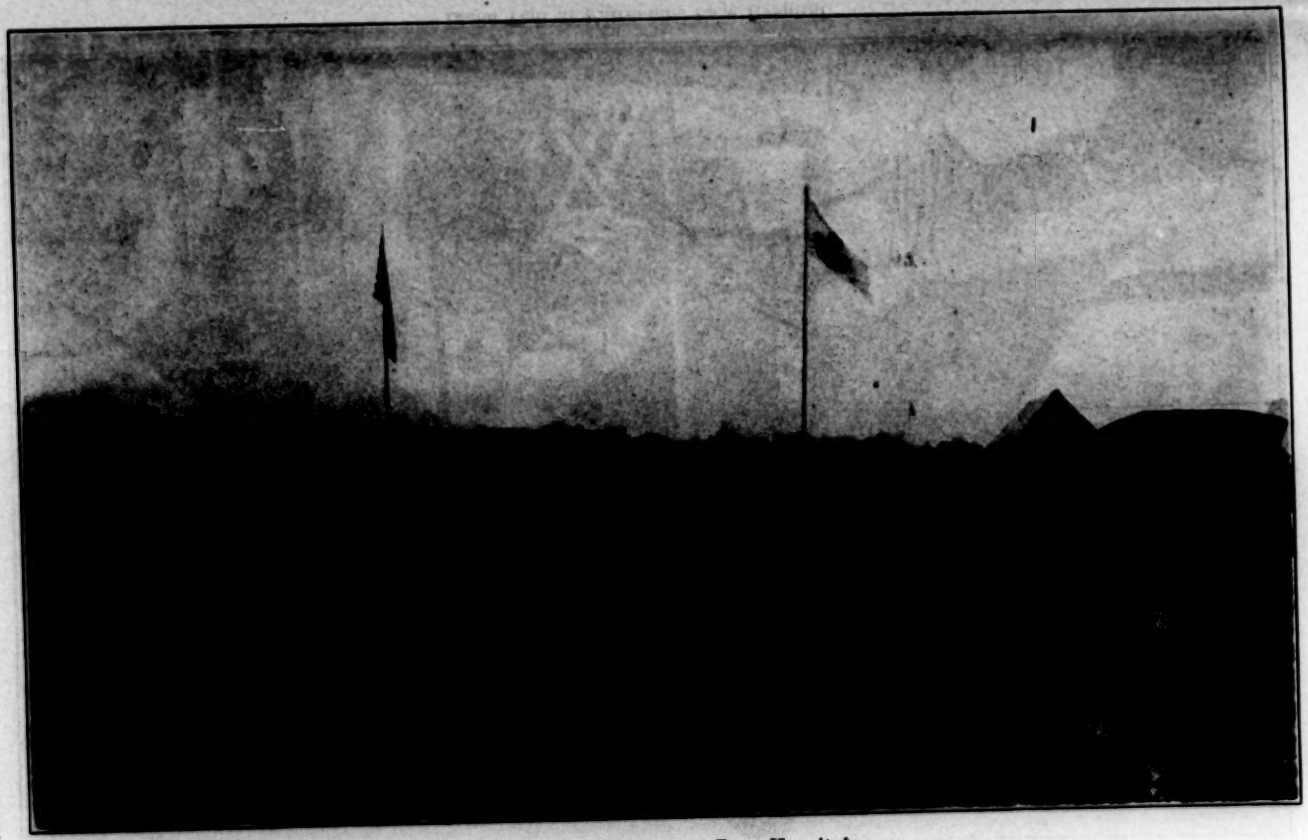
on, awaiting developments and wondering who our chief nurse would be. About six o'clock we heard footsteps and all started to see who was coming. It was the Adjutant who had come to look after our comfort. There were no street lights and much mud, so he carried a lantern and wore rubber boots. One of the first things he seemed to think we might ask for was a mirror, so he told us we should have one, before we had a chance to ask for anything. Our Chief Nurse came the next night, and with her wonderful personality and experience we felt at ease at once. In a few days we had maids, provisions, etc., and were eating in our own quarters, quite comfortable except for heat and hot water. We thought we suffered for five weeks before the heating plant was established, but were so comfortable the rest of the winter, that short time was soon forgotten. Our Chief Nurse soon assigned each in charge of a ward, and we have been learning gradually the rules and regulations of military life. The hospital was complete before we realized it and it is wonderfully well equipped and well organized now. Nurses have been coming all winter, until our number is now over one hundred and fifty. Some have been fitted for Chief Nurses and have been appointed to other stations. Many are anxious to go to France, while others are quite content to remain here and continue the work so necessary to be done at home.

F. B.

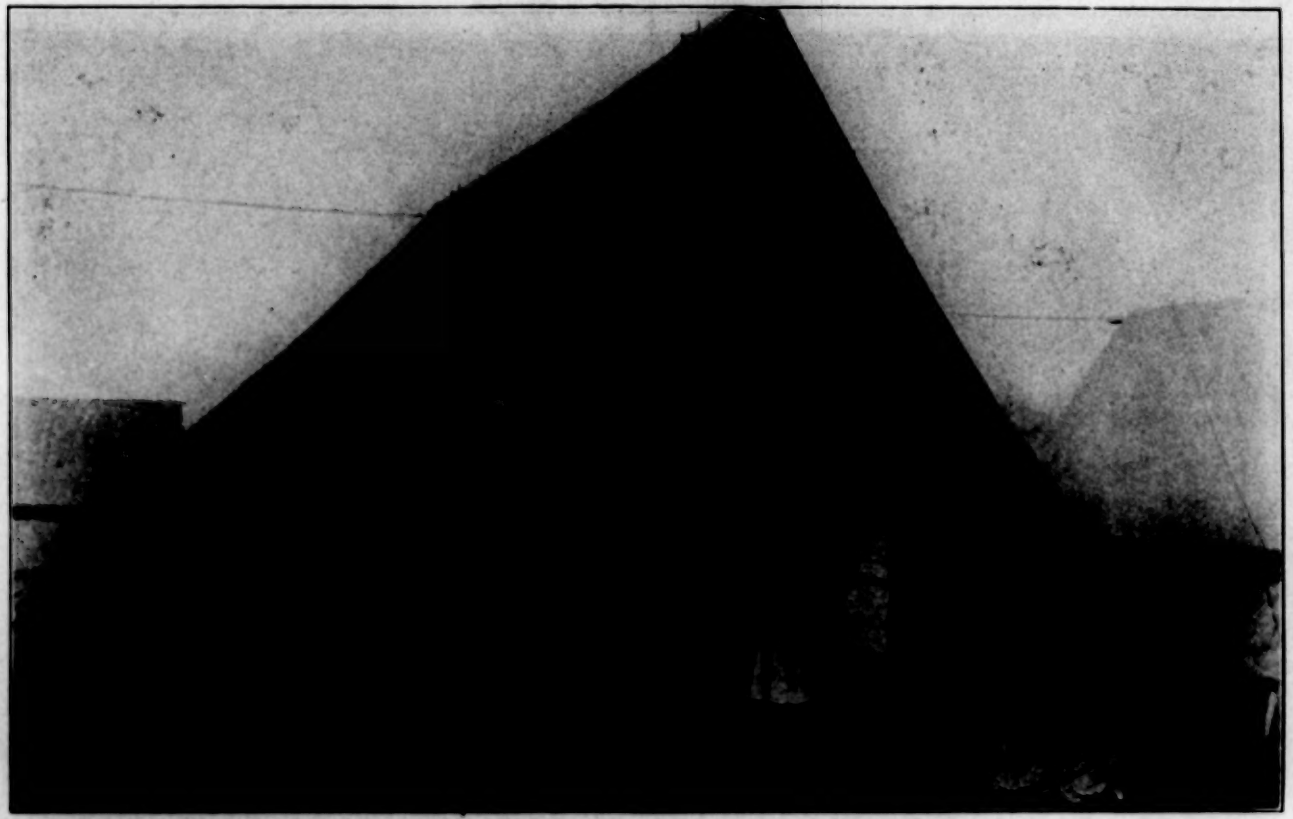
II.

Dear Editor: It is just two weeks since we arrived in camp and it has been full of interest. As you know, the trip down was delightful. The stop-over of four hours gave me an opportunity to see something of Washington. I visited the Red Cross Building; Miss Noyes kindly took me all through the building and explained the workings of the different departments. As Miss Delano was at lunch, I did not see her. We left Washington at 4.15 p. m. and arrived in Paris, S. C. (the camp stop), at 8.30 a. m. Just opposite the stop is an immense drilling ground, on which was a large number of soldiers being led by the camp band. It was an inspiring sight. The Commanding Officer sent two ambulances to get us and our baggage. We were then taken to our quarters (the laundry). On Wednesday we moved into the nurses' home. The ten from Rochester are all together, and we have been put into the old dining room. About thirty-six nurses moved from the old home to the new home. It was a very busy day, but everything went off like clockwork. I am still in the mumps ward, there have been and still are a great many cases of that kind here. The men have to be quarantined for three weeks. I expect a new lot next week, as these men will be leaving about Thursday. The southern boys are very interesting, so different from the boys up north. They talk so slowly, and by the way, they work the same. A good many of the men in the ward I am in have hook-worm disease. They are treated for that as well as for mumps, when infected. I trust I may not fall a victim, as the treatment is rather unpleasant, a light supper, magnesium sulphate, 40 c.c. at 3 p. m.; a cup of gruel for breakfast (6 a. m.); chenopodium m.8, at 7, 8, and 9, followed by castor oil, 40 c.c. at 10. Then they go on regular diet again. This treatment is repeated if necessary. I dreaded the work, having been out of it for so long, but it is surprising how much has come back to me. Miss Milliken, the Head Nurse, is very good to us. She is now planning a dancing party for the nurses at the new home. The Y. M. C. A. does a great deal for the boys and the nurses are all invited to the movies and concerts when they have them (which is often).

South Carolina E. H. K.



Entrance to Fairmount Base Hospital



Linen Tent at Fairmount Base Hospital

III.

Dear Editor: Thank you for the check which came a few days ago. I will tell you what I did with a portion of it. I bought two sterilizing basins, three Murphy drips and medicine glasses. The Government does not supply us with these articles, which are very essential. If we want them, we must buy them ourselves. I presume later on the Government will realize the need of small things which mean so much to the recovery of human beings. We have over two thousand patients at present; in my ward, which is a pus surgical, there are fifty-seven patients and only three nurses to care for them. Almost every patient gets hot dressings and Dakin's solution. As I am the dressing nurse, you can readily see that I have all I can do and often fall short on my time off. But, thank God, I have not been ill since I came to the Camp. Most of the nurses are laid up with colds or some infection, just because they are not used to roughing it. This is good training for those who are bound for France; I wish I were.

Iowa E. Q.

PRIVATE NURSES NEEDED IN THE PUBLIC HEALTH RANKS

Dear Editor: It is indeed true that the private duty nurse who can join the Red Cross Nursing Service for work in the military hospitals should do so. I think the public health nurses, too, should enroll in the Red Cross, for the Red Cross Nursing Service is recognizing the fact that those public health nurses remaining in the home field are meeting an imperative need that is quite as much a war service as the more romantic work abroad. For foreign service in the reconstruction work in France and for home service in the extra cantonment zones, the Red Cross has already used public health nurses and will need more. There are many private duty nurses who on account of family ties or some other reason cannot leave home. These nurses, it seems to me, should most seriously consider the needs of home service in the public health field. The call is imperative. Many more infant welfare nurses, more school, industrial or tuberculosis nurses are needed. Women with ability are needed on every side for important positions. Courses for nurses are established all over the country, liberally supplied with scholarships to prepare public health nurses for the responsibilities of their profession. Mrs. Bessie Amerman Haasis, our educational secretary, 156 Fifth Avenue, New York City, will be glad to give both information and advice about these courses. As for the private patients, it seems to me that the public health and private nurses must develop the hourly service more. By this service the highly trained nurse can supplement the care of trained attendants or of the family. In this way, one nurse can care for several patients, tripling and quadrupling her value to the community.

HELEN F. BOYD.

Secretary War Programme Committee, National Organization for Public Health Nursing.

WHAT PRESBYTERIAN HOSPITAL (NEW YORK) NURSES ARE DOING

Dear Editor: The Presbyterian Base Hospital Unit No. 2 was taken over by the British Expeditionary Forces and placed in charge of Base Hospital No. 1 at Etretat, France. Reports from the Unit give accounts of an active service, with well-filled wards throughout most of the year and at various times large convoys of wounded have been received by direct train service. Mrs. Janet B. Christie, Chief Nurse, and Louise M. Marsh have been mentioned in dispatches for their excellent work. Several "teams" have been sent to the Casualty Clearing Station where they have been bombarded continually by the enemy. The following

short note of appreciation was received by one of our Unit who was giving anaesthetics at a Casualty Clearing Station in Northern France last autumn. Since then, arrangements have been made to give instruction in anaesthesia at Base Hospital No. 1 to a limited number of British and American nurses. One of the doctors gives the lectures in theory and a nurse teaches the practical administration of the anaesthetics.

November 29, 1917.

"Dear Miss Penland: As you are probably aware, it has been decided by Sir Arthur Sloggett, the director general of the royal army medical service, that a number of nurses and V. A. D's. (nursing aids) shall be trained in the administration of anaesthetics for service in C. C. S's. and other base hospitals. This departure will liberate medical men for other duties, and in this way will be of great assistance in relieving the strain upon the medical service due to shortage of medical men. The suitability of nurses for this important work was made evident to the authorities by the practical demonstration of efficiency in the administration of anaesthetics shown by you and some other American nurses in C. C. S's. and base hospitals in France. I think it right that I should inform you of the high appreciation which we all have of the splendid services you are rendering the wounded and medical service in taking the places of medical officers, whose services are urgently needed for the other work.

Yours sincerely,

(Signed) HERBERT BRUCE, Colonel, A.M.S."

Agnes Louise Warner, '12, has served since 1914 in French hospitals, first at Devonne in the south, where hundreds of wounded were brought by the hospital trains, and later with the Ambulance Chirurgical Mobile No. 1. This latter hospital, the gift of an American woman, was accepted by the French Government early in the war and has been always within sound of the guns. The hospital was moved three times in the last year, and many a brave soldier's life has been saved through the skill and devotion of the doctors and nurses. Miss Warner received the French military decoration for saving the life of a French soldier, who lost both hands in action. He also received a severe shrapnel wound in the chest, and was infected twice with tetanus. Through almost superhuman effort, this life was saved and he has learned to write with his artificial hand. Mrs. Madelon Battle Hancock, '05, who was decorated for distinguished service by King Albert of Belgium, has served with both the British and Belgian Armies since the beginning of the war. When Antwerp was evacuated, Mrs. Hancock aided in the transfer of patients to Ghent. I found her in a base hospital in Flanders, acting as Head Nurse of a large ward filled with the wounded suffering from gas gangrene, with few facilities for treatment,—no hot water bags, no rubber sheets, etc. Ingenuity and resourcefulness have to supply substitutes in time of war and it is greatly to the credit of the British nurses working, as I found them, in many hospitals but scantily supplied with necessities, that they succeeded in making the patients both happy and comfortable, while miraculous cures were then made possible.

ANNA CAROLINE MAXWELL, R.N., M.A.

THE NEED OF NURSE INSTRUCTORS

Dear Editor: Hundreds of patriotic nurses are asking, How can I make my services count most in these difficult times? I wonder if they realize the great need for instructors in training schools all over the country. We have never had enough trained instructors to fill the demand, but now that so many have

joined the forces in France, the need has become acute. It is perfectly plain that we cannot train our young recruits, or increase our nursing forces as we should, without having a fairly large body of competent nurses to serve as teaching and training officers. This work is just as important as the work in France, just as important as the service which is being rendered by the great body of army officers on detached duty who are getting the men of the new armies into shape for service abroad. These officers are not permitted to leave the country because their services are of greater value here, and it is to be hoped that instructors of nurses will voluntarily accept their home duty in the same spirit.

Nurses who have had the advantages of a good education and who like teaching, and especially those who have had some experience and training in teaching, are urged to offer themselves for this branch of the country's service. If possible they should take a course in teaching to brush up and get in touch with the newer developments in science and nursing work. The better this course is the more efficient the teacher is likely to be. If it is not possible to take a year or more of preparation at this time, at least a summer course would be strongly urged. The Department of Nursing and Health at Teachers College offers special work in teaching, this summer, and helpful courses may be secured through other universities. The Committee on Nursing, whose headquarters are in the Bond Building, Washington, D. C., will answer inquiries, or applicants may apply directly to the Department of Nursing and Health at Teachers College, New York.

ISABEL M. STEWART.

A war correspondent describes the galleries on the western front tunnelled by the Western Australian and Queensland troops. He walked for three hours underground, at a depth of from twenty to sixty feet and then had only traversed a small part of the galleries. Almost the whole length is lighted by electricity. In one passage there were chambers on each side. The soldiers were lying in their bunks, or reading or playing with cards very much the worse for wear. Don't forget to include cards in your parcels. Dinner was being prepared in the cook-shop and the smell was most appetizing. There is a dressing station where the wounded are cared for. Imagine the difference for a man in pain between being carried by stretcher-bearers for miles on slippery roads, over rough ground, and being lowered gently down an inclined plane, then transported on a smooth tramway in no danger at all.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

The convention of the three national associations of nurses, the American Nurses' Association, The National League of Nursing Education and The National Organization for Public Health Nursing, will be held in Cleveland, Ohio, May 7th through 11th, with headquarters at the Hollenden Hotel. Because of war conditions, the Programme Committee has had three successive chairmen and its work has been carried on under difficulties; very interesting meetings are to be held, however, dealing largely with war conditions and problems. Every nurse in the country is invited to attend this convention, whether she is a member of these organizations or not.

OUTLINE OF PROGRAMME

Monday, May 6, Preliminary Meetings

9 A. M. League Executive Board; Public Health Directors; Relief Fund Committee.
10 A. M. Revision Committee.
11 A. M. League Advisory Council.
1.30 P. M. Directors American Nurses' Association.
2.30 P. M. Public Health State Representatives.
3 P. M. Advisory Council, American Nurses' Association.
5 P. M. Public Health Directors.
8 P. M. Joint Directors' Meeting.

Tuesday, May 7

8 A. M. Registration.
10 A. M. Business Meeting of League; Business Meeting of Public Health Organization.
2 P. M. Meeting Lay Members Public Health Organization.
2.30 P. M. Business Meeting American Nurses' Association.
4 P. M. Public Health Session; Industrial Nursing.
4.30 P. M. Tea served by ladies of the Lakeside Hospital Board.
8.15 P. M. Joint Opening Session.
Invocation, Right Rev. William Leonard.
Address of Welcome, Bella Sherwin, Chairman Cleveland Woman's Committee of the Council of National Defense.
Responses, Annie W. Goodrich for the American Nurses' Association; S. Lillian Clayton for the League; Mary Beard for the Organization for Public Health Nursing.
Address: How Nurses Are Meeting the Present Needs, Lieutenant-Colonel Winford H. Smith, Surgeon-General's Staff.

Wednesday, May 8

8 A. M. Round Table on Reorganization, Sarah E. Sly, Chairman.
9 A. M. Legislative Section; Private Duty Section; Mental Hygiene Section (Business only); School Nursing; Tuberculosis Nursing.
10.45 A. M. Public Health Nursing in War Zones.
2 P. M. Joint Session—Reconstruction Hospitals.
The Government Programme of Reconstruction, Major Edgar King, War Department (or representative).

The Woman's Part in the Reconstruction Programme.

3.45 P. M. Mental Hygiene Section, continued.
4.30 P. M. Tea served by ladies of the Mount Sinai Hospital Board.
5.15 P. M. Round Tables: Problems of Instructors; Problems of Supervisors and Head Nurses, Miss Lawler, Chairman; Session of Public Health Nurses, Public Health Nursing Education, Anne Hervey Strong, Chairman.
8.15 P. M. Joint Session—How the Public and the Nursing Profession Are Combining to Supply Nursing Needs During and After the War:
From the Layman's Standpoint, speaker to be secured.
From the Standpoint of the Educator, Dr. J. E. Cutler, Western Reserve University.
Interpreting the Nursing Profession in its Attitude toward War and Future Demands, M. Adelaide Nutting, Teachers College.

Thursday, May 9

9 A. M. Round Table on Reorganization, Sarah E. Sly, Chairman.
9 A. M. Joint Session of League and Public Health Nurses, Readjustment of the Curriculum to Meet War Needs; Session of the American Nurses' Association on Nursing Experiences of the War.
2 P. M. Public Health Session, Child Welfare; Round Table, Problems of Small Hospital, Sara M. Murray, Chairman; Round Table on War Time Economies, Mary L. Keith, Chairman; Round Table on Private Duty Nursing, Frances M. Ott, Chairman.
3.15 P. M. Round Table, Training School Inspectors, Harriet P. Friend, Chairman.
3.45 P. M. Public Health Session, Attendants.
4.15 P. M. Round Table on State Boards, Anna C. Jamme, Chairman.
4.30 P. M. Tea served by ladies of Huron Road Hospital Board.
5 P. M. Round Table on Base Hospitals, Clara D. Noyes, Chairman.
5.15 P. M. Public Health Session on Records.
8.15 P. M. Joint Session—Nursing as it Relates to the War. Speakers: Dora E. Thompson, Lenah S. Higee, Jane A. Delano, M. Adelaide Nutting, Mary Beard, Lillian D. Wald.

Friday May 10

8 A. M. Round Table on Reorganization, Sarah E. Sly, Chairman.
9 A. M. Closing Session of League; Closing Session of Organization for Public Health Nursing.
1 P. M. State Representatives of Public Health Organization; Round Table on Post-Graduate Instruction, Mary C. Wheeler, Chairman; Round Table on Preparation of Greater Numbers of Executives and Instructors, Amy M. Hilliard, Chairman.
2 P. M. Business Session of American Nurses' Association.
4 P. M. Public Health Session on Rural Nursing.
4.30 P. M. Drive.

8.15 P. M. Joint Session—Conservation Problems.
Venereal Diseases, Major W. F. Snow, Director Division of Venereal Diseases, War Department.
Child Welfare, Julia C. Lathrop, Head of Federal Children's Bureau.
Food Conservation, Everett Colby, Representative of U. S. Food Administration.
Relation of the Nurse to Conservation Problems, Fannie Brooks.

Saturday, May 11

9 A. M. Final session of American Nurses' Association; Session for Metropolitan Nursing Service.

NURSES' RELIEF FUND, REPORT FOR MARCH, 1918

Receipts

Previously acknowledged	$2,785.63
Interest on bonds	40.00
Catharine Thompson, Chicago, Ill.	1.00
Bertha M. Hall, Merchantville, N. J.	2.00
Alum. Association of the German Hospital, New York City	10.00
Mrs. Janette T. Peterson, Chairman California State Nurses' Ass'n.	70.50
Margaret McCullough, Philadelphia, Pa.	1.00
Pauline A. Strasburg, Oakland, Cal.	1.00
Calendars, Missouri State Nurses' Association	41.87
Utah State Nurses' Association	15.00
Graduate Nurses' Association of Connecticut	25.00
Mary A. Lewis, Krebs, Oklahoma	1.00
Orange Training School Alumnae Association, N. J.	10.00
Emma J. Hiester, Reading, Pa.	1.00
Johanna O'Connor, Louisville, Ky.	2.00
Annie L. Taylor, Hot Springs, Arkansas	1.00
Amanda S. Honert, North Dakota State Nurses' Association	5.00
Piedmont Sanitarium Alumnae Association, Atlanta, Ga.	10.00
Anna M. Reichhardt, Pasadena, Cal.	4.00
Elizabeth Parkin, Hot Springs, Arkansas	5.00
Mary Fentress, Hot Springs, Arkansas	1.00
Eugenia Braswell, Hot Springs, Arkansas	1.00
Anna Clayton, Hot Springs, Arkansas	1.00
M. Agnes MacNalley, Hot Springs, Arkansas	5.00
Graduate Nurses' Association of Cincinnati and Hamilton County, Ohio.	50.00
Interest on bond, April 1, 1918 (Atchinson, Topeka & Santa Fe)	20.00
	$3,111.00

Disbursements

Application approved, No. 1, 38th payment	$ 5.00
Application approved, No. 2, 27th payment	5.00
Application approved, No. 5, 14th payment	20.00
Application approved, No. 6, 23rd payment	15.00
Application approved, No. 7, 17th payment	15.00
Application approved, No. 11, 14th payment	20.00
Application approved, No. 12, 12th payment	10.00
Application approved, No. 13, 3rd payment	15.00

Application approved, No. 14, 1st payment	15.00	
500 Letter heads	3.50	123.50
13 bonds par value		$13,000.00
2 certificates of stock		2,000.00
4 Liberty Bonds		4,000.00
Balance, April 1st		$21,987.50

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. Elizabeth Golding, Chairman, 317 West 45th St., New York City.

M. LOUISE TWISS, Treasurer.

REPORT OF THE ROBB FUND COMMITTEE, APRIL 13, 1918

Previously acknowledged	$26,073.84
Los Angeles County Nurses' Association, through Mrs. Clara S. Lockwood	10.00
Long Island College Hospital Alumnae Association, Brooklyn, N. Y., through Mabel W. Phelps	26.00
Scholarship returned, Chloe M. Stewart, Metropolis, Ill.	100.00
Kenosha Hospital Alumnae Association, Kenosha, Wis.	1.00
Eleanor A. McI. Jones, refund of scholarship with interest	213.25
Presbyterian Hospital Alumnae Association, Phiadelphia, Penn.	25.00
Somerville Hospital Alumnae Association, Somerville, Mass.	5.00
Alumnae Association of Illinois Training School for Nurses, Chicago	25.00
Public Health Nurses' Club, Cleveland, Ohio	25.00
Alumnae Association of New York Hospital Training School, New York	25.00
Alumnae Association, German Hospital, New York	10.10
Graduate Nurses' Association of Connecticut, through Elizabeth Somers	25.00
Louise M. Powell, University Hospital, Minneapolis, Minn.	50.00
St. Luke's Training School for Nurses' Alumnae Association, St. Louis, Mo.	37.00
Fanny R. Howe, St. Luke's Hospital, New York	5.00
Total	$26,656.19

Checks should be made payable to the Merchants Loan & Trust Co., Chicago, Ill., and sent to Mary M. Riddle, Treasurer, Newton Hospital, Nowton Lower Falls, Mass.

MARY M. RIDDLE, Treasurer.

REPORT OF NURSING SURVEY IN COLORADO

Registered Nurses, 606; Red Cross Nurses, 200; graduates not registered, 108; registered training schools, 19; pupils enrolled, 480; graduates, 1918, 173; enrolled in 1917, 222; can enroll, 1918-19, 470.

TO MANAGERS OF ALUMNAE MAGAZINES: Martha M. Russell, Supervisor of the Red Cross Nurses Abroad, requests that alumnae associations shall put on their mailing lists the name of the American Nurses' Club, 42 Grosvenor Place, London. "It would be like a bit of home to a nurse to find her own publication awaiting her there."

NATIONAL UNION NURSES' SODALITIES.—Special services for Catholic nurses attending the convention of the American Nurses' Association will be directed

by the Reverend Edward F. Garesche, S.J. Sodality literature, medals, etc., will be on hand for those who are organizing guilds. The National Union desires to appoint a chairman and a secretary from each state in the Union, to carry on the work of organization and uniting the guilds. Notice of time and place of services will be posted at convention headquarters.

ELLEN McHUGH, R. N., Secretary.

THE NATIONAL CONFERENCE OF SOCIAL WORK will hold its forty-fifth annual session at Kansas City, Mo., May 15 to 22. Many topics of interest to nurses will be found on the programme.

ARMY NURSE CORPS

Appointments.—Bessie A. Perkins, Ella W. Pease, Edith C. Williamson, to U. S. Army Post Hospital, Fort Banks, Mass. Zuleika E. Simes, Josephine M. O'Mara, to U. S. Army Post Hospital, Fort Barrancas, Fla. Lorena M. Deinstadt, Caroline Hoeschen, Maud M. McGowen, Anna E. McLaughlin, Willie B. Alexander, Ivy C. Frost, to U. S. Army Post Hospital, Fort Benjamin Harrison, Ind. Jean P. Dennis, Bertha Jost, Dora A. Bell, Ida E. Trollinger, to U. S. Army Post Hospital, Fort Caswell, N. C. Mabel G. White, to U. S. Army Post Hospital, Chanute Field, Rantoul, Ill. Ethel Gladstone, to U. S. Army Post Hospital, Fort Des Moines, Iowa. Ida E. Gray, to U. S. Army Post Hospital, Elington Field, Houston, Tex. Viola T. Robinson, to U. S. Army Post Hospital, Fairfield, Ohio. Alethea M. Garraham, Mamie Coyner, to U. S. Army Post Hospital, Garden City, Long Island, N. Y. Theo I. Babcock, to U. S. Army Post Hospital, Gerstner Field, Lake Charles, La. Wanda J. Winkiel, Marjorie A. Keller, Mary A. Garvey, to U. S. Army Post Hospital, Fort Hancock, N. Y. H. Marie McLean, to U. S. Army Post Hospital, Hazelhurst Field, Mineola, Long Island, N. Y. Emma E. Hawkins, to U. S. Army Post Hospital, Fort Leavenworth, Kan. Elsie Sommers, Erma T. Dryden, Nellie Gallup, Cecilia R. Lutz, Anna L. Witt, to U. S. Army Post Hospital, Fort Logan, Col. Beatrice L. Shoemaker, to U. S. Army Post Hospital, Fort McArthur, San Pedro, Cal. Lillie M. Phillips, to U. S. Army Post Hospital, Fort McDowell, Cal. Cora A. M. Kelley, Harriett B. Foulkrod, Carrie M. Kinley, Ida M. Martinson, Rosslyn Chambers, to U. S. Army Balloon School, Fort Omaha, Nebr. Dorothy Binns, Vera A. Keagle, F. Faye Neal, to U. S. Army General Hospital No. 5, Fort Ontario, N. Y. Ada B. Bush, Emma Vanderburgh, Mary E. Carroll, to U. S. Army Post Hospital, Park Field, Millington, Tenn. Pansy Thomas, to U. S. Army Post Hospital, Rich Field, Waco, Tex. Amelia A. Eddinger, to U. S. Army Post Hospital, Scott Field, Belleville, Ill. Christiana M. Bauer, to U. S. Army Post Hospital, Selfridge Field, Mt. Clemens, Mich. Charlotte Palm, Ida R. Epperson, Ethyl McCarthy, Dorothy A. Minsart, Esther Horne, to U. S. Army Post Hospital, Fort Sheridan, Ill. Minnie Engstrom, Emma A. Lifbom, to U. S. Army Post Hospital, Fort Stevens, Ore. Alta G. Smith, Harriet C. Hartford, to U. S. Army Post Hospital, Taliaferro Field No. 2, Everman, Tex. Joanna Peters, Hazel J. Palmer, Lillian M. Fitchett, Irene M. Arthurs, Gertrude A. Smith, Laura M. Smith, Margaret M. Kelly, Elizabeth Donovan, Catherine M. Gemeinhardt, Elizabeth V. Oechsler, Florence M. Seeger, Nelle B. Thomas, to U. S. Army General Hospital, Fort Bayard, N. Mex. Mary E. Wagner, Lottie M. Mumbauer, Mabel M. MacTaggart, B. Blanche Fleming, Welma G. Daron, Irene M. Thompson, Lorena S. Ingraham, Frances Jardine, Irene Norman, Laura C. Daub, Emma T. Rogers, to U. S. Army General Hospital No. 11, Cape May, New Jersey. Louise M. Dehmel, Emma C. Macdermaid, Estella Pfleider, Gladys F. E. Mercer, Maxie C. Sherry, Emma Stuart, N. Franc

Hydorn, to U. S. Army General Hospital No. 13, Dansville, N. Y. Kathlene W. Johnston, Minnie D. Meyers, Mayfred E. Jenner, Katherine Kleeber, Julia Flikke, Hattie M. Shurman, Lora Schroeder, Bertha Glumm, Marie Louis, Jessie Patterson, to U. S. Army General Hospital No. 9, Lakewood, N. J. Clara Knudsen, Mae L. Soper, Eva M. Lizee, Alice T. MacCulloch, May Watson, Freeda Lange, Catherine C. E. Reardon, Susan G. Parish, to Letterman General Hospital, San Francisco, Cal. Anna B. McLernon, Elsie M. Ritter, Ina M. Burney, to U. S. Army General Hospital No. 2, Fort McHenry, Md. Mary E. Byrne, Pearl A. Johnson, Mary N. Gority, Augusta L. Schweizerhof, Mabel L. Day, to U. S. Army General Hospital No. 6, Fort McPherson, Ga. Agnes J. Hasenfuss, Pauline Wilson, Laura Anderton, Myra F. Rhodes, Edith M. Mitchell, Miram A. Wilson, to U. S. Army General Hospital No. 17, Markleton, Pa. Regina F. Garvin, Mary F. Casey, Jessie Wright, Anna McGrath, Cassie W. Gourley, Margaret McDerby, Emmeline Cleeland, Rita Fealey, to U. S. Army General Hospital No. 16, New Haven, Conn. Emma L. Sutton, Bessie W. Halfyard, Nellie E. Robertson, Anna Rusek, Estelle G. Hewitt, Helen M. Collins, Harriet V. Garner, Elizabeth C. Rickards, Daisy E. Kinsland, Helen D. Fitzgerald, Odessa Chambers, Ella M. MacKay, Annie S. McKay, to U. S. Army General Hospital No. 1, Williamsbridge, N. Y. Hanna C. Hanson, Sadie C. Jennys, Margaret M. Healey, Frederika K. Gaiser, Belle Lombard, Gracis B. Brann, Nora Casey, Paula E. Mattfeldt, Maude Smallwood, Anna C. Buckwalt, Louise G. Lehr, Gertrude M. Stowell, Mrs. E. Grace Colman, Helen G. Hill, Emily M. Addison, Alma F. Louthan, Marie A. Allen, Bertha A. Hayes, Laura E. Butts, Mary Humphrey, to Walter Reed General Hospital, Takoma Park, D. C. Charlotte Berkensteck, Florence M. Butler, Anna T. Gmeiner, Julia I. McGaughey, Emma M. Nelson, Julia A. Dermody, Mary I. Branch, Helen B. Britt, to U. S. Army General Hospital, Waynesville, N. C. Ella M. Anderson, Josephine H. Keegan, Lora M. Eckart, Lena C. Eckart, Cecile C. Clancy, Edith E. Johnson, Palma Nelson, to Camp Hospital, Fremont, Cal. Annette V. Florman, to Camp Hospital, Douglas, Ariz. Alice E. Duffy, to Surgeon General's office, Washington, D. C. Josephine G. Joninin, attached to Mobile Operating Unit, to temporary duty U. S. Army General Hospital No. 1, New York, N. Y. Isabel L. Strong, Loretta McDonald, Ann E. Stansbury, Evelyn M. Carpenter, Louise M. Gardner, Bernadine O. Means, to the War Dispensary, Ordinance Department, Washington, D. C. Rhoda Ashworth, Laura A. Nye, Jetta M. Chapman, to U. S. Army Base Hospital, Camp Devens, Ayer, Mass. Anna M. Lawless, to U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J. Cecelia S. Humpert, to U. S. Army Base Hospital, Camp Doniphan, Fort Sill, Okla. Hazel E. Kidder, Florence A. Backer, Helen Prince, Eufer Owen, Lulu I. Cason, to U. S. Army Base Hospital, Camp Hancock, Augusta, Ga. Clair Jones, Clara W. Woodruff, Jennie G. Cook, to U. S. Army Base Hospital, Camp Jackson, Columbia, S. C. Magdeline Jackson, to U. S. Army Base Hospital, Camp Lee, Petersburg, Va. Mary MacDiarmid, Lenice R. Duncan, Rose L. Lewis, Minnie Lappenbusch, Mabel V. Hanify, Jessie M. Ritter, Christal E. Bussing, Emma L. Lappenbusch, Donna S. Maxwell, to U. S. Army Base Hospital, Camp Lewis, American Lake, Wash. Lois M. Ferguson, Clare Fryberger, to U. S. Army Base Hospital, Camp MacArthur, Waco, Tex. Gertrude A. Enge, Aline D. Sayer, Helen M. Drew, Winifred E. Price, Maude M. McKinney, Anna M. Connolly, to U. S. Army Base Hospital, Camp McClellan, Anniston, Ala. Helen L. Dexter, Hedwig W. Werdelin, Mary A. Mathews, Rhoda L. Ashby, to U. S. Army Base Hospital, Camp Merritt, N. J. Marie E. Smith, Helen E. Sullivan, Hermine A. Freer, Louise Michel, V. Bernice Kaulum, Marion Williamson, to U. S. Army Base Hos-

pital, Camp Pike, Little Rock, Ark. Bertha L. Pitta, to U. S. Army Base Hospital, Fort Riley, Kan. Sylvia Johnson, Florence E. Peters, Isabel Thompson, Christine Rehman, Susan R. Higgins, Lula B. Jarrel, Estelle F. Birks, Mary I. Campbell, Jean L. Goodsir, Grace MacIntosh, Elizabeth McLaughlin, Anna B. Hansen, Marie F. Gallagher, Ocyalta Penney, Martha Anderson, Martha M. Cochrill, to U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex. Mattie W. Lewis, to U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio. Anna K. Gaertner, Minnie Loeffler, Sallie C. Hunt, Wilhelmina J. Bairstown, Sallie H. Stamps, Claudia E. Kittrell, Lulu V. Gunn, Helen M. Cleary, to U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss. Loretta A. Bennis, Louise A. Morrill, Isabel Sherman, Jessie J. Hubbard, Olive R. Conrad, to U. S. Army Base Hospital, Camp Sevier, Greenville, S. C. L. Elizabeth Stacy, Amy VanHorn, Amy D. Gerard, Myrtle M. Richardson, Mary G. Worland, Elizabeth Reiter, Elizabeth Marshall, Florence G. Henderson, Marion B. Emery, Mary L. Maguire, Elizabeth R. Fitzgerald, Claribel Luyster, Hazel Harrison, Delia M. Dugan, Mary E. McGovern, Mary R. Normandale, to U. S. Army Base Hospital, Camp Stuart, Newport News, Va. Charlotte A. Isaac, May Rembor, Charity Bennett, Marion E. Voye, Rose E. Connolly, Jane E. Pendergast, to U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y. Mary A. Campbell, Annie M. McPhail, Anna Metz, to U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex. Juel C. O'Donnell, Mettie R. Stuart, Mabel I. Johnson, Carrie M. Canute, Lena M. Sleeman, Annie K. Spetz, Eleanor S. Hall, Eleanora Parrish, to U. S. Army Base Hospital, Camp Taylor, Louisville, Ky. Catherine Flynn, Caroline H. Dueno, Edith A. Parkinson, to U. S. Army Base Hospital, Vancouver Barracks, Wash. Elsie Kilday, to U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C. Edith B. Irwin, to U. S. Army Base Hospital No. 20 (service in Europe). Emma W. Rice, to U. S. Army Base Hospital No. 116 (service in Europe). Maude D. Burke, Adele S. Poston, to U. S. Army Base Hospital No. 117 (service in Europe).

Transfers.—To U. S. Army Post Hospital, Fort Leavenworth, Kan.: Margaret B. Angus, with assignment to duty as Chief Nurse. To U. S. Army Post Hospital, Fort Hancock, Sandy Hook, N. J.: Florine Goodenow, with assignment to duty as Chief Nurse. To U. S. Army Post Hospital, Fort MacArthur, San Pedro, Cal.: Richie C. Hall, with assignment to duty as temporary Chief Nurse. To U. S. Army Base Hospital, Fort Stevens, Ore.: Inga J. Qually, with assignment to duty as temporary Chief Nurse. To U. S. Army Post Hospital, Fort Casswell, N. C.: Nellie E. Davis, with assignment to duty as Chief Nurse. To U. S. Army Post Hospital, Fort Barrancas, Fla.: Wilhelmina J. Bairstow, with assignment to duty as Chief Nurse. To Aeronautical General Supply Depot and Concentration Camp, Garden City, Long Island, N. Y.: Louise Preusser, with assignment to duty as Chief Nurse, May L. Ewing. To U. S. Army General Hospital No. 1, New York, N. Y.: L. Elizabeth Morgan. To Department Hospital, Manila, P. I.: Elizabeth Hrudka, Tilda Thorkelson. To U. S. Army Base Hospital, Camp Stuart, Newport News, Va.: Emma A. Byrne. To U. S. Army Post Hospital, Fort Worden, Wash.: Emma Woods, with assignment to duty as Chief Nurse. To U. S. Army General Hospital No. 16, New Haven, Conn.: Mary L. Whitney. To U. S. Army Post Hospital, Park Field, Millington, Tenn.: Ella Miller, with assignment to duty as temporary Chief Nurse. To U. S. Army Post Hospital, Gerstner Field, Lake Charles, La.: Mrs. Bertha Kieft. To U. S. Army Post Hospital, Fort Douglas, Utah: Mable C. Porter, with assignment to duty as Chief Nurse. To U. S. Army Post Hospital, Fort Moultrie, S. C.: Jane C. Flynn, with assignment to duty as

Chief Nurse, Margaret M. Hughes. To U. S. Army Post Hospital, Fort Des Moines, Iowa: Nettie MacMillan, with assignment to duty as Chief Nurse. To U. S. Army Post Hospital, Fort H. G. Wright, N. Y.: Margaret M. Fitzgerald. To U. S. Army Post Hospital, Fort Hamilton, N. Y.: Mildred P. Carter, with assignment to duty as Chief Nurse. To U. S. Army General Hospital No, 11, Cape May, N. J.: Mary E. Sheehan, with assignment to duty as Chief Nurse, Mary C. Barber, Hannah A. Kallen, Helen Van Regenmorter, Lulu F. Wilkins, Elizabeth R. Earle, Irene G. Truax, Anna L. Davis, Cressa F. Burley, Elizabeth E. Payne, Loretta E. McGuire, Jessie MacNay, Virginia E. Stover, Sara L. Floyd, Camilla G. Booth, Elvira H. Helgren. To U. S. Army Post Hospital, Fort Williams, Me.: Anne G. Slater. To U. S. Army Post Hospital, Fort McKinley, Me.: Rhoda Ashworth. To Army Dispensary, 1106 Connecticut Ave., Washington, D. C.: Mrs. Ruth S. Eaton, Mary Humphrey. To U. S. Army Base Hospital, Camp Jackson, Columbia, S. C.: Frederika K. Gaiser, with assignment to duty as Chief Nurse. To War Dispensary, Ordnance Department, Washington, D. C.: Laura E. Butts, Mary E. White, P. Blanche Porter. To Walter Reed General Hospital, Takoma Park, D. C.: N. Beatrice Manbeck. To U. S. Army Base Hospital, Camp Merritt, N. J.: Martha F. McCreevy. To U. S. Army Base Hospital No. 117 (service in Europe), Jennie M. Lennox, Elizabeth D. O'Connor.

Discharges.—Florence M. Cassels, Estelle Frasius, Elsie Mae Freed, Amanda Jane Jarvis, Marian C. Johnson, Louise Mellies.

Resignations.—Grace D. Baird, Jessie L. Crowe, Barbara A. Lidle, Cora L. Tompkins.

RESERVE NURSES, ARMY NURSE CORPS

Assignments.—To U. S. Army Post Hospital, Fort Barrancas, Fla.: Pearl Carter, Maude E. Swift, Elizabeth M. Hitt. To U. S. Army Post Hospital, Fort Benjamin Harrison, Ind.: Katherine T. Watson. To U. S. Army Post Hospital, Call Field, Wichita Falls, Tex.: Selma A. Hendrickson, Alma Miller, Vera E. Key. To U. S. Army Post Hospital, Fort Casswell, N. C.: Anna Loveland, Elizabeth A. Ford. To U. S. Army Post Hospital, Chanute Field, Rantoul, Ill.: Marie E. Bradley. To U. S. Army Post Hospital, Fort Des Moines, Iowa: Mary A. Ertman. To U. S. Army Post Hospital, Elington Field, Houston, Tex.: Sarah M. Geary, Gertrude G. Reed, Alice J. Stephens, Mary Ellen Howe. To U. S. Army Post Hospital, Garden City, Long Island, N. Y.: Gladys V. Wilson. To U. S. Army Post Hospital, Gerstner Field, Lake Charles, La.: Mary S. Bryant, Louise M. Sells, Beulah M. Waggoner, M. Josephine McMains. To U. S. Army Post Hospital, Fort Hancock, N. J.: Marjory L. Ulrich, Catherine M. Snyder. To U. S. Army Post Hospital, Hazelhurst Field, Mineola, Long Island, N. Y.: Mary E. Klugh, Ethel V. Brower, Katharine F. Doyle, Margaret Penn. To U. S. Army Post Hospital, Jefferson Barracks, Mo.: Eudora L. Marsh, Elsa M. Warner, Harriette L. Holston, Lena F. Warrington. To U. S. Army Post Hospital, Kelly Field No. 2, San Antonio, Tex.: Ellen M. Johnson, Alma E. Peterson, Ethel M. Harsh. To U. S. Army Post Hospital, Fort Leavenworth, Kan.: Mirriam F. Foss, Alvina W. Marth, Ida Deane Rearick, Gertrude Geers, Adele L. Renecker, Nellie M. De Bruler, Lona O. Nelson. To U. S. Army Post Hospital, Love Field, Dallas, Tex.: Teresa G. Cannon, Grace E. Watson, Julia Hovren. To U. S. Army Post Hospital, Fort Logan, Col.: Mittie M. Thompson, Martha Krieger, Lillian Albrecht. To U. S. Army Post Hospital, Fort Oglethorpe, Ga.: Ruby Covington, Evelyn G. Buckley, Winifred D. Stuart, Jessie Simpson, Martha Staton, Bessie P. Bond, Erna M. Rawles, Sallie A. Johnson, Leah Range, Eunice B. Walker, Margaret E. Cullen, Effie B. Rigg. To U. S. Army Post Hospital, Rich Field,

Waco, Tex.: Amanda Anderson, Wilma E. Briggs. To U. S. Army Post Hospital, Scott Field, Belleville, Ill.: Edna C. Gaggett, Florence E. Green. To U. S. Army Post Hospital, Selfridge Field, Mt. Clemens, Mich.: Helen A. Dugan, Lucy B. Prentice, Ruth A. Muehlmeier. To U. S. Army Post Hospital, Fort Sheridan, Ill.: Alma M. C. Larsen, Lillian M. Foreman, Elizabeth F. Fitzkee, Edith Arthur, Hazel M. Brown, L. Edith Wilcox. To U. S. Army Post Hospital, Fort Sill, Okla.: Ruth G. Aleman, Edith Bradfield, Clara S. Triplett, Florence B. Brooner, Roberta Lee Corder, Effie M. Jeffries, Grace Brown, Almira Saupert. To U. S. Army Post Hospital, Taliaferro Field No. 3, Benbrook, Tex.: Agnes J. Olson, Madge M. McCarthy, Della M. Fannin, Agnes E. Hills. To U. S. Army Post Hospital, Fort Thomas, Ky.: Elgie M. Wallingan, Josephine Blanchard, Pearl Schisler, Marguerite Liming, Pauline F. Abrams, Lulu B. Martin, Emilie A. Burdorf, Bertha M. Henderson, Mary A. Shipman. To U. S. Army Post Hospital, Fort Williams, Me.: Elizabeth A. Quinn. To U. S. Army Post Hospital, Fort Worden, Wash.: Julia B. Fink, Jeanette Jarron. To Camp Hospital, Fremont, Cal.: Eva C. Wood, Minnie H. Freise, Ruth J. Meredith, Amelia J. Caminata, Mabel Fodness, Elizabeth A. Lubisher, Eva L. Garretson, Nora A. Pinkerton, Fern M. Loofbourrow, Jeanette H. Noble, Martha E. Cornwall, Bertice A. Rees, Ella Veronica Quinn, Anna E. Dickerson, Josephine Arbeiter. To U. S. Army General Hospital No. 11, Cape May, N. J.: Violet H. Hodgson, Ingrid H. Wester, Mary J. Fraser, Ethel A. Wilbur, Charlotte E. Johnson, Bess I. Clough, Kathrine Jordon, Edith M. Morton, Agnes A. Johnson, Eva I. Hedges, Edith C. Beard, Adelaide W. Campbell. To U. S. Army General Hospital No. 13, Dansville, N. Y.: Annie B. Purdon, Mary A. Carlon, Carrie M. Jones, Rose Wilhelm, Kathryn A. Neylon, Anna E. Hay, Mabel L. Parsons, Laura F. Van Tassell, Mary D. Conolley, Florence M. Judd, Mary F. Stevenson, Mary J. Monahan, Hazel M. McIlwaine, Carolina B. Aaland. To U. S. Army General Hospital No. 9, Lakewood, N. J.: Elsie M. Rothermel, Catherine F. Wheeler, Antoinette Truchon, Christina B. McGrath, Lucy Wagner, Helen B. Waring, Florence I. Hilyer, Lydia McLallen, Margaret A. Ward, Elizabeth M. Jamieson, Jennie Creighton, Mary Campbell, Ida L. Hibbard, Mary M. Timmins, Charlotte E. McGlone, Gertrude C. Colwell, Vivien M. Dowdell, Emily M. Kleb, Fannie MacK. Sargent, Adelaide R. Poole, Bridie M. Doran, Ethel M. Jones, Ruth Shoop, Rose A. Morrow, Marie M. Anderson, E. Burdena Johnston, Astrid E. Peterson, Elizabeth MacLaughlin, Jane M. Gorman, Ann J. Cavanagh, Edna M. Coughlin, Helen Wilbee, Mary A. Owens, Eva K. Zeller, Ethel E. Humphrey. To Letterman General Hospital, San Francisco, Cal.: Mable G. Williams, Imo O. Palmer, Louise M. Herbison, Georgia L. Snow, Frances Harcourt, Mary A. Bell, Gertrude LaPage, Mina Voorhies, Philena R. Burk, Nellie T. Ratcliff, Harriet P. Northrop, Ruth G. Lindenberger, Elizabeth E. Jenoea. To U. S. Army General Hospital No. 2, Fort McHenry, Md.: Ethel M. Dobson, Mabel B. Haworth, Agnes Brush, Mary G. O'Donnell, M. Katherine Pedigo, Maude E. Minter, Elsie G. Rhodes, Lily Hirst, Emily Williams, Loretta H. Dalpe, Stella A. H. Ricketts, Margaret J. Chisholm, Christine B. Peterson. To U. S. Army General Hospital No. 6, Fort McPherson, Ga.: Ruth H. Davis, Helena M. Redmond, Reba S. Peckham, Flora L. Trent, Lillian S. Becker, Augusta H. Vernon, Mame A. Oakwood, Charlotte F. Reeves, Gladys O. Ross, Violet N. Woolleson, Anne K. Wright, Marie S. Trenque, Catherine Tiedemann, Martha T. Scanlon, Emma A. Nixon, Mary A. King, Dollie Woodward, Ella Y. Militz, Marie Havens. To U. S. Army General Hospital No. 17, Markleton, Pa.: Estella M. Campbell, Mary Homan, E. Lorraine Green. To U. S. Army General Hospital No. 16, New Haven, Conn.: Martha M. Schwartz, Oceania Doernbach, Avernia T.

Hirtle, Marguerite B. Cubberley, Bride A. Phelan, Mary E. Kerns, Margaret McKinnon, Clara A. Mitchell, Anna I. Hubeey, Mabel Philson, Lucretia E. Gourley, Mary H. Philson, Charlotte Keirl, Viola Bobo, Katherine Benker, Mildred E. Chamberlain, Anna M. Allen, Delpha Smith. To U. S. Army General Hospital No. 1, Williamsbridge, N. Y.: Velma E. Shultis, Fay M. Lite, Mary E. Wilcox, Elizabeth V. Linehan, Bessie S. Williamson, Helen M. Needles, Rosina E. Rauh, Estella A. Van Horn, Ida B. Olsen, Sara M. Tucker, Anna T. Mullins, Rebecca N. Anderson, Bertha A. Brunia, Frances Mac Hirron, Veronica N. Stapleton, Mary C. Mapes, Louise A. Schleicher. To U. S. Army General Hospital No. 1, Williamsbridge, N. Y., for temporary duty: Ella L. Pinson, Dorothy M. Ledyard, Mathelda C. Larson, Caroline H. Candliah, attached to Mobile Operating Unit. To U. S. Army General Hospital No. 5, Fort Ontario, N. Y.: Vera L. Keagle. To Walter Reed General Hospital, Takoma Park, D. C.: Mary S. Stumpf, Gladys Cavender, Anna McKay, Louise Gliem, Lillian A. Kelm, Rhoda M. Daley, Fayette B. Carpenter, Edith G. Lyman, Theresa M. Tipping, Florence J. Drawford, Mary E. Strine, Addie B. Cummings, Sadie Frucht, Orma C. Davis, Mary C. Kell, Marie Huelegard, Sadie E. Langan. To U. S. Army Base Hospital, Camp Beauregard, Alexandria, La.: Marie L. Kruse, Ansina P. Lauritzen, S. Elizabeth Daly, Ruth Marlin, Lynnette L. Vandervort, Lulu G. Irwin, Hattie M. Newkirk. To U. S. Army Base Hospital, Camp Bowie, Fort Worth, Tex.: Margaret R. Schertz. To U. S. Army Base Hospital, Camp Cody, Deming, N. Mex.: Hazel B. Thompson, Anna J. Johnson, Katherine M. MacMillan. To U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich.: Esther L. Reinerton, Evelyn A. Shortner, Christine Eastvold, Ida M. Anderson, Dola Keach, Alice L. Barth, Mabel V. DeBord, Hermina Spring, Helen Carter, Elizabeth Ulmer. To U. S. Army Base Hospital, Camp Devens, Ayer, Mass.: Caroline S. Uppstrom, Annie J. Hilton, Margaret L. Jones, Annie E. Gillett, Nellie M. Johnston, Margaret J. Dinan, Catherine M. Bennett, Bessie Rowsell, Mabel V. Mahony, Laura M. Griffin, May M. DeMilt, Addie A. Locke, Fannie M. Cox, Margaret M. Fitzpatrick, Mary E. McDonald, Elizabeth M. Beedles, Elizabeth Annan, Wilhelmine Berdine, Martha M. Garrett, Frances H. Nelson, Jessie I. Smith, Elizabeth G. Hamilton, Edith M. Grant, Marion E. Carll, Marie P. Berge, Anne Connolly, Grace A. Bean, Marion F. Beaty, Janet W. Bain, Anna Asmussen, Mabel Steel, Elsie M. Steel, Margaret Copren, Gladys J. Cooney, Kathryn E. Coombs, Jean S. Bower, Nell S. Hand, Elizabeth J. Keating, May McVey, Ella Maescher, Alice N. Thayer, Annie E. Walsh, Eleanor B. Watkins, Ida M. Elberfeld, Pearl B. Swartz, Inez Hughes, Stacie C. Huntsman, Gladys G. Smith, Marie A. Allen, Ida M. Schweitzer, Alma V. Atkinson, Isabelle M. Gonder, Cecilia M. Gussenhoven, Mary E. Harrington, Albina M. Montana, Mildred M. Weissmiller, Mabelle Arbuckle, Helen T. MacLeod. To U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J.: Phyllis M. Turner, Alice J. Holihan. To U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa: Katherine Schimelfenig, Helen Wipperman, Sara L. Satterfield, Wilhelmina C. Callander, Mathilde E. R. Buchda, Mary L. Muirhead, Helga Hygaard, Ruth Bjorneby, Haldis Sundre, Dorothy A. Ridgeway, Lottie V. Banker, Dorcas Roman, Claribel West, Alma A. Smerling, Bertha C. Blank, Mary E. Baldwin, Mabel K. Landen, Mildred M. Tichenor, Norene M. Royer, Mabelle E. Grady, Stella M. Morris, June E. Earhart, Isabel Husker, Marie A. Knoke, Pauline H. Wilkowske, Anna C. Berg, Ellen C. Peterson, Jennie Strand, Agnes M. La Velle, Margaret B. Wallace, Rose J. Langenfeld, Esther M. Uldin, Myrtle Vallentin, Mary A. Urban, Harriet M. Strutz, Ruth J. Vallentin, Clara E. Lawson, Wilhelmine S. W. Agnew, Blanche Brodbeck, Anna M. Sylvan, Mary T. Montgomery, Mabel V. Ljungberg, Emma M. Butler,

Bertha E. Lang, Mary E. Hayes, Harriet G. Ely, Netta M. Rush, Minnie S. Mark, Mary E. Morris, Sarah L. Murphy, Bertha I. Ozee, Lulu M. Boyer, Mary Gardner, Helen M. Hubbell, Clara L. Damon, Celestine Keidel, Clara L. Stewart, Dora B. Miller. To U. S. Army Base Hospital, Camp Doniphan, Fort Sill, Okla.: Minnie De Alter, Katherine Downs, Clara O. McKee, Mildred E. Stevens, Grace E. Middlehoek, Winifred R. Call, H. Fern Cassell. To U. S. Army Base Hospital, Camp Hancock, Augusta, Ga.: Mary C. Baron, Inez E. Potwin, Alida A. Sturcken, Amelia W. Vandenberg, Gertrude L. Bastien, Jane E. Given, Elizabeth C. Lee, Nettie M. Seafert, Elizabeth B. Brooks, Guilda N. Jones, Ida Ciegler, Mabel E. Chaplin, Mary V. Shannon, Selina M. Kane, Sybil E. Pollen, Annie McAnally, Jane B. Ranson, Lena S. Stewart, Julia B. Heier, Ella V. Stubbs, Alice M. Shafer, Dorothy S. Knowlton, Elizabeth M. Curtis, Anna T. Pope, Virginia E. Oakley, Mabel L. Vaughan, Ella K. Orwig, May D. McLucas, Frances D. Hays, Lelia E. Pollard, Mattie Frank, Janet C. Hughes, Ella M. Robinson. To U. S. Army Base Hospital, Camp Greene, Charlotte, N. C.: Ruby H. Scott, Prudence M. Cudworth, Emma G. Fuller, Jennie M. Brodeen, Ebba A. Peterson, Mary J. Leinafer, Harriett B. Schermerhorn, Martha J. Jehle, Mary L. McKoin, Mary Landgraf, Frances E. Ricker, Winifred M. Williams, Ruby Shaner, Anna Grabill, Helen Eggleston, Alma B. Campbell, Emma M. Tyo, Margaret J. Erwin, Ivy K. Hair, Lula R. Stepp, Ellen C. Israel, Naomi Helland, Ruth M. Thomas, Fannie J. Leppala, Charlotte A. Cox, Harriet J. Parsons, Crystal E. McCord, Wilhelmina C. Young, Cynthia D. Frazer, Anne M. Graffin, N. Lucy Knox. To U. S. Army Base Hospital, Camp Grant, Rockford, Ill.: Frances M. Bryan. To U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga.: Florence I. Lee, Sydney H. Dorman, Bertha Sherburne, Grace Crager. To U. S. Army Base Hospital, Camp Jackson, Columbia, S. C.: Elizabeth C. Clark, Esther I. Stiles, Isabelle M. Jackson. To U. S. Army Base Hospital, Camp Kearney, Cal.: Carrie B. White, Gertrude Johnson, Doris B. Kemmerle, Mary Roberts, Maude L. Scott, Bessie F. Joaguin, Effie M. Rowe, E. Louise Smith, Rose K. Huffman, Jeannie Jamieson, Belle J. Miller, Hortense Frazier, Maude McEwen, Della E. Maylone, Ethel I. Davis, Margaret I. Miller, Martha C. Dale. To U. S. Army Base Hospital, Camp Lee, Petersburg, Va.: Katie E. Dietrich, Edith M. McNally, Helen B. McSherry, C. Ethel Monroe, Marguerite E. Risley, Anna S. Hirst, Bertha Nelson, Julia I. Kauffman, Nancy J. Klase, Ola E. McGregor, Olga E. Lorins, Alice L. Taylor, Edna E. Loyd, Wilma M. Johnson, Irma Fortune, Maxine Thatcher, Marie Spacht, Louise S. Schroeder, Romilda Martin, Isabel McLachlan, Bertha H. McClain, Mabel D. Hannabery, Martha G. De Lay, Leonore P. Mewshaw, Geneva M. Danley, Blanche Pearson, Emily M. Tagg, Stasia Walsh. To U. S. Army Base Hospital, Camp Lewis, American Lake, Wash.: Martha A. Kempendorff, Elizabeth McDonald, Adelaide E. Wiegand, Grace A. Armstrong, Ima I. Ledford, Anna M. Anderson, Anna M. Reichhardt, Kathrine V. Fox, Mrs. Ruth I. Tennant, Nell F. Brown, Abbie V. Ewart, Laura Hartwell, Esther E. Bakenhus, Anna J. Woods, Anna R. Moore, Bernice L. Thomson, Florence N. Blessing, Grace P. Anten, Ivo Reed, Laura Main, Alvina Ketels, Bernice I. Harrison, Edna M. Mason, Ellen Hughes, Ida G. Johnson, Marcia C. Madsen, Florence M. Rutt, Alie Enger, Irene H. Johannesen, Carol Blomberg, Gertrude M. Monahan, Gertrude E. Morris, Alice J. Boyle, Marjorie Belt, Margaret Y. Hay, Hazel McGuire, Elsie Arnott, Georgie L. Buell, Gertrude E. Ramsdell, Gena Smith. To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Elsie J. Bailey, Martha C. Newman, Sadie L. Anderson, Victoria B. Beachley, Nellie H. McKinnon, May B. Wagner, Mabel Ekstrom, Martha Nicholson, Laura A. Reed, Adelaide Levi, Kathleen M. Wheeler, Willard Staton,

Dora C. Carothers, Flavia M. Brown, Elsie H. Bolling, E. Grace Morrison, Agnes T. McD. Lynch, Beatrice E. Arthur, Celia E. Brian, Josie A. Ashley, Adah Carpening, Anor Marvel. To U. S. Army Base Hospital, Camp MacArthur, Waco, Tex.: Ida I. Kelchner, Helen R. Reed, Lena A. Fredrick, Bertine Stade, Hilda M. Lindquist, Helen C. Drobnek, Linda C. Baker, Blanche V. Carpenter, Martha J. McCaughey, Tillie S. Schroeder, Laura Smit, Myrtle M. McIntyre, Celia V. Ellis, Clara A. Colkitt, Eleanor D. Stinson, Marie J. Engelhardt, Sallie Castel, Mabel Porterfield, Mrs. Cora Moulton, Esther Amundson. To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Frances M. Heinrich, Laura Jensen, Hannah Hansen, Mattie Hammerstrand, Susan B. Hawkins, Clara C. Hanapel, Cora J. Culhan, Clarissa T. Johnson, Agnes B. Maykish, Gunhild Johnson, Jessie J. Trabert, Virginia F. Perkins. To U. S. Army Base Hospital, Camp McClellan, Anniston, Ala,: M. Louise Bodden, Alma F. Cox, Emily M. Hanson, Halcy Stehman, Mary O. Shoelty, Jessie B. Hart, Anna B. Smith, Goldie A. Leach, Frances M. Branley, Mary E. Graham, Marian H. Bibson, Eleanor Coston, Lean F. Burke, Lucharles Christian, Margaret G. Johnston, Harriet L. Arrington, Mattie T. Shackleford, Mary E. Downs, Allene S. Whitaker, Georgia A. Adams, Ina Keech, Catherine McWilliams, Mary J. Daley, Florence D. Miller, Mary B. Waldron, R. Pearl Roberts. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Rose A. Leddy, Rose M. Hogan, Elsie McCullough, Margaretta A. Gross, C. Olive Redden, Alva G. Coleman, Caroline D. Willis, Elsie G. Edmondson, Estelle L. Delevic, Rosalie Hollyday, Lucy M. Ginn, Nannie M. Smith, Sarah W. Saselby, Mary I. Steel, Rose Amerkhan, Marjorie A. Coats, Edna T. Campbell, Gertrude E. Thompson, Ruth E. Bedell, Grace H. Calahan, Clara M. Lippincott, Edith Parkin, Florence J. Pelton, Elesa W. Roberts, Anna Smith. To U. S. Army Base Hospital, Camp Merritt, N. J.: B. Agnes McNelis, Flora R. Kreiss, Alwina B. Francis, Anastasia M. Nittler, Edith M. Hofer, Alice C. Murray, Leila L. Mason, Marie L. Kent, N. Elizabeth Hopwood, Zetta Everstine, Anna B. Dick, Thea Hauge, Annie M. Sharpe, Jennie M. Lipsett, Kathryn M. Reynolds, Maud I. Bulmer, Frances E. Devany, Mary A. Kenney, Maud M. Crawford, Anna J. Angus, Belinda Scanlon, Kathryn A. Leverman, Marion Mitchell, Irma E. Skelton, Ora F. Scovell, Edith M. Smith. To U. S. Army Base Hospital, Camp Pike, Little Rock Ark.: Frances R. Lees, Florence E. Russell, Ottilie Kawalle, Ada T. Garvey, Ina M. Cockerton, Elsie O. Barnett, Elizabeth M. Daley, Miriam B. Harrison, Agnes M. Gjellum, Alice E. Fidiam, Ethel L. Sherman, Ruth C. Anderson, Ina M. Cockerton, Margaret H. Worley, Amanda T. Holt, Allie R. Bennett, M. Frances Birmingham, Dorcas A. Butt, Inanda Dranga, Katherine M. Teale, Florence G. McIsaac, Mary B. Williams, Maude A. Lynch, Ruth Middlebrooks, Beulah F. Robinson, Emma C. Breckinridge, Juliet Montgomery, Marion E. Williamson, Edna M. Lawrence, Annie Y. Gwyn, Bertah Patting, Ruth Lindsey, Corinne Le Blanc, Minnie B. Awrey, Nellie P. Isaminger, Blanche M. Harris. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Mabel E. Knott, Allie M. Knott, Harriet R. Rivett, Fidelis Murphy, Ethel M. Francisco, Eda R. Raphiel, Annie C. Arndt, Bya Chapman, Wilhelmine R. Ziesemiss, A. Dorthea Thompson, Genevieve M. Reilly, Anna Kralover, Ella M. Walukonis. To U. S. Army Hospital, Camp Sevier, Greenville, S. C.: Jennie B. Faringer, Martha Nixon, Ruth F. Doran, Alice U. Morier, Florence W. Blodgett. To U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss.: Betsey H. Barney, Josephine V. Hughes, Beulah Cresswell, Emma S. Buford, Mary A. Herbert, Laura E. Stewart, Sarah L. Coleman, Emma M. Broaddus, Annie R. Cropper, Lulu West, Hattie J. Magness, Ann Frost, Nora E. M. Day, Jeanie D. Beveridge, Elizabeth Holcomb, Gabrielle

Tissot, Ella B. King, Anna M. Alexander, Mabel A. Howell, Edith M. Tranz, Elizabeth Dooley, Elizabeth W. Bairnsfather, Florence L. Cochrane. To U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio: Martha S. Murray, Ethel E. Jones, Henrietta B. Patrick, Frances B. Brown, Nellie B. Dresher, Mary A. Bessinger, Julia H. Formanek, Lulu I. Roerner, Mabel G. Madden, Margaret A. Gunn, Jessie V. MacLennan, Blanche Taussig, Adelaide L. Hewson, Edna B. Bishop, Florence Green, Ruth Calloway, Agnes S. Smith, Mary E. Rupert, Luell C. Meier, Malka Segal. To U. S. Army Base Hospital, Camp Sheridan, Montgomery, Ala.: Pauline M. Tweeddale, Chalcy C. Litty, Marie Cohen, Ada I. Snyder, Carolyn H. MacNulty, Elizabeth D. Mork, Sara R. Thompson, Mathilda H. Horn, Margaret J. Sullivan, Ada Carroll, Margaret A. Gunn, Willina MacCaskill, Minnie E. Hundley, Maria B. Robinson, Mrs. Felicita W. Hecht, Argyle T. Tutwiler, Julia A. Dunnett, Sara M. Tilton, Alma M. C. Larsen, Pearl M. Harris, Elizabeth W. Fisher, Helen M. Day, Laurie E. Wood, Jean L. Wilkinson, Louisa K. Martin, Eva A. Pugh, Nellie B. Russell, Margaret M. Fraser, Josephine Curran, Edna S. Gamage, Mary J. Braxton, Mary E. Schell, Theresa Wolsdorf, Frances Wheelwright, Alice M. Stirling, Anna F. O'Donnell, Verena Kopp, Mary L. Crosby, Elizabeth W. Acomb, Estelle M. Gilmore, Ella Stewart, Mayme V. Karaus, Katharyn B. Miller, Elizabeth C. MacDonald, Elizabeth I. Lewis, Mary E. Taylor, Etta Parker, Olga M. Renius. To U. S. Army Base Hospital, Camp Stuart, Newport News, Va.: Mary R. Worthington, Mary E. Keeffe, Grace E. Buckley, Rosemary Burinsky, Helen D. Costello, Helen C. Larkin, Agnes J. McCloskey, Lillian J. Gelwicks, Lou W. Honaker, Adelle M. Phillips, Martina C. Lawrence, Kathryn A. Butler, Katherine A. Smith, C. Alice Smith, Virgye F. Rader, Mae F. Regan, Maud C. Bradish, Edith I. Herriman, Mildred L. Ensign. To U. S. Army Base Hospital, Camp Taylor, Louisville, Ky.: Adelaide I. Coyne, Genevieve J. Hewitt, Suda P. Deaver, Constance Magnuson, Blanche M. Higgins, Pruella Droddy, Florence E. Crego, Margaret E. Brown, Marie A. Callaman, Elizabeth A. Nyhan, Cassie A. Ayers, Hilda M. Cooper, Clara L. Prentis, May E. Chisholm, Mary U. Farrell, Edna Yoder, Kathryn H. Liddell, Margaret M. Doyle, Nellie M. Wilcox, Mary E. Meehan, Hattie M. Muhs, Eileen McCarthy, Grace V. Hobson, Lena E. Fellmer, Hazel D. Wilkinson, Elizabeth V. Strong. To U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex.: Catherine A. McCabe, Anna L. Mulhall, Sara Flannigan, Estella A. Madden, Lucy A. Mount, Carrie Stodar, Aurelia Gagnon, Susan C. Pannill, Cora M. Conner, Willie M. McCary, Lillian M. Jacobsmeyer, Mary E. Christian, Bertha F. Haley, Dora E. Baker, Edith A. Hodgson, Carolyn A. Stupka, Carrie M. Copenhaver, Mabel S. Miller, Nannie B. Quarles, Emily G. Friend, Annie V. Bennett, Josephine G. Dennen, B. Jane Wingfield, Elizabeth C. Randall, Corinne M. Bell, Ruth Taylor, Mary H. King, Werta T. Johnson, Martha M. Rhode, Mabel O. Nelson, Martha K. Siebrandts, Claus A. Hyde, Helen M. Hibbs, Kathryn A. Conway, Ruby G. Pannel, Lucy M. Morhous, Louise Walker. To U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y.: Mary E. Davidson, Lillian M. Crumm, Elloree L. McKinley, Helen E. Ratayski, Eunice M. Bussett, Clara C. Petersen, Isabel F. Kellman, Esther Julian. To U. S. Army Base Hospital, Vancouver Barracks, Wash.: Monica Gerding, Mary Springer, Elizabeth F. Korthals, Florence T. Feldhammer, Sara Van Dyke, Mamie A. Gately, Lois Blair, Augusta L. Dunn, Ada G. Miller, Martha T. Wunderlich, Grace F. Weatherly, Marie Onsager, Jessie L. Riddle, Clara Kirscher, Blanche Hodges, Ada L. Palmer. To U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C.: Lulu M. Cronister, Elizabeth Hallam, Grace L. Walker, Florence Watson, Cora B. Washington, Minnie Ever-

hart, Anna M. Moser, Edna D. Murphy, Lulu O. Boone, Winifred M. Campbell. To U. S. Army Base Hospital, Camp Wheeler, Macon, Ga.: Rose C. Burkett, Helen A. McGrath, Margaret C. Donovan, Ella E. Robbins, Lillie E. Jones. To U. S. Army Base Hospital No. 33 (service in Europe), Helen C. Brooks. To U. S. Army Base Hospital No. 116 (service in Europe), Mary C. Johnson. To U. S. Army Base Hospital No. 117 (service in Europe), Jennie M. Ryan, Margaret S. Relyea, Helen D. Hodges, E. May Witherow, Marion E. Derry, Martha E. Kehoe, Fannie M. Gerson, Maidie E. Tilley, Emma J. Pearce, Elvina K. Bailey, Elizabeth C. McPherson, Theresa G. Muller, Mary E. Borthwick, Mary K. Taylor, Gertrude P. Garvin, Catherine McDonnell, Sarah E. Armstrong, Janet V. Cranston, Adele M. Egan, Louise Harte, Katherine M. MacDonald, Margaret Lynch, Mary J. McFarlane, Nellie H. Pierce, Flore E. Schrader, Maud H. Roscoe, Astrid B. Sand, Mary R. Swann, Alice M. Lockhart, Harriet B. Wright, Mary Kennedy, Leah J. Arnold. To Nurses' Mobilization Station, 120 Madison Avenue, New York, N. Y., Hospital Unit "C" (service in Europe): Ruth I. Kennedy, Mary C. Evans, Gertrude Smith. To Lakewood, New Jersey, Hospital Unit "Q" (service in Europe): Jean M. Clark, Grace E. Myers, Mary H. Mack, Dorothy A. Gross, Zilla B. Bartlett, Lida A. Boyd, Mary J. Smith, Lois E. Nozzle, Eda B. Helme, Susie L. Geer, Christine Campbell, Helen I. Bailey, Susan F. Apted. To Lakewood, New Jersey, Hospital Unit "T" (service in Europe): Mary I. Austin, Frances Hill, Georgia Lyle, Anna Sangey, Nella M. Woods, Lula A. Wyman, Avie Carmichael, Nancy C. Cole, Dorothy Cravens, Charicie Davenport, Tennie E. French, Retha R. Riley, Clellan Mason, Lillian Scarbrough, Mary L. Crews, Avis F. Mail, Emma Bryan, Leslie Williams. To Lakewood, New Jersey, Hospital Unit "V" (service in Europe): Alice A. Greene, Joanna Cooper, Katheline L. Carpenter, Frances I. Burch, Willie M. Hunter, Katherine Justice, Mary E. Conerty, Lucile Burlew, Martha B. Sumpter, Mrs. Mildred I. Dailey. To Lakewood, New Jersey, Hospital Unit "W" (service in Europe): Mary A. Jacobsen, Sarah Wray, Clara E. Wood, Leafie E. Williamson, Bertha Weinert, Mary Talbott, Etta C. Martin, Mary M. Karlocki, Anna L. Ferguson, Amanda Metzger. To Lakewood, New Jersey, American Expeditionary Forces (service in Europe): Blanche I. Fiester, Eilian Davies, Carrie E. Tuthill, Elizabeth E. Roulston, Grace J. Martin, Maybelle W. Shaw, Elsie K. Crosby, Marguerite E. Mathews, Minnie A. Love, Valerie M. Weil, Mary E. Pancoast, Sybella T. Haviland, Mary G. Ryan, Esther N. Omdahl, M. Claude Davis, Alice M. Wattles, Katherine McKinnon, Caroline Hutcheck, Mary H. Ray, Anna C. McCue, Gertrude A. Anderson, Leona M. Helen, Jessica L. Godown, Annie J. Hall, Pauline McVey, Margaret Mackevrican, Florentine J. Krauth, Anna M. Millholland, Alexina A. Moreau, Dora M. Clark, Laura E. Currier, Diana G. Milligan, Louise Frantz, Norbertine S. Reed, Katherine M. Crozier, Carrie L. Mitchell, Josephine B. Ward, Beatrice Mathews, Caroline V. Frazier, Martha E. Perkins, Margaret E. Sutherland, Sarah E. Front, Ellen E. Nicholls, Alice C. Blake, Margaret Low, Mary A. MacCrimmon, Margaret F. Houliston, Hettie M. Traper, Rosa L. Hall, Katherine A. Donnelly, Hazel B. Bell, Lillian A. Fleming, Florence A. Davis, Bessie J. Howell, Vera M. Aldrich, Jean Massey, Mary E. Reed, Marion E. Bullard, Alida J. Garrison, Minnie Alkire, Cecile Daily, May B. Miller, Jennie W. Capone, Darthulia Duel, Annie E. Jones, Nellie Price, Amy M. La Mont, Louise C. LaFournaise, D. Ruth Draper, Mabel Bettilyon, Mary E. Denny, Anna H. Nelson, Jeannie E. Conn, Jean F. Brown, Margaret E. Jackson, Lillian V. Kilgus, Jennie E. Higinbotham.

Transfers.—To U. S. Army Post Hospital, Hazlehurst Field, Mineola, Long Island, N. Y.: Mrs. Margaret Hamilton. To U. S. Army Post Hospital, Fort

Moultrie, S. C.: Mary A. Towey, Mary H. Hodges. To U. S. Army Post Hospital, Fort Rosecrans, Cal.: Alta C. Mellott, with assignment to duty as Chief Nurse. To U. S. Post Hospital, Fort Sheridan, Ill.: Grace E. Hill with assignment to duty as Chief Nurse. To U. S. Army Post Hospital, Fort H. G. Wright, N. Y.: Anne E. Quinn, Pearle Hartsock. To U. S. Army Post Hospital, Fort Hamilton, N. Y.: Blanche Klunde, Ethel I. Forbes. To U. S. Army Post Hospital, Garden City, Long Island, N. Y.: Katharine White. To U. S. Army Post Hospital, Fort McHenry, Md.: Lois A. Toomer. To U. S. Army Post Hospital, Fort McDowell, Cal.: J. Olga Johnson, Emma Haessig, Jessie E. Norton, Delia LaBelle. To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Lillian V. Bennett. To U. S. Army General Hospital No. 1, Williamsbridge, N. Y.: Gertrude Smith, Alma E. Reeves, Ruby Kendall, Elsie M. Rothermel, Anna L. Reutinger. To U. S. Army General Hospital No. 11, Cape May, N. J.: Frances E. Bartlett. To U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio: Anna R. Medcalf. To U. S. Army Base Hospital, Camp Lee, Petersburg, Va.: Katherine W. Cassin, Florence J. Spence, Ellen S. Taylor. To U. S. Army Base Hospital, Camp Beauregard, Alexandria, La.: Cidora O. Tricon. To Department Hospital, Honolulu, H. T.: Alma C. Addison. To Nurses' Mobilization Station, 19 Madison Avenue, New York, N. Y.: Hospital Unit "C" (service in Europe) Lillian M. Gray; Base Hospital No. 30 (service in Europe), Letitia Aldridge; American Expeditionary Forces (service in Europe), Grace Wells; Hospital Unit "[illegible]" (service in Europe), Ruth I. Ward, Bertha B. Blasen, Edith I. Bosworth, Marjorie G. Steckle, Bernice Prout, Enid M. Bailey, Clara S. Barton, Florine Smith; Hospital Unit "V" (service in Europe), Cleo Finney, Margaret R. Schertz, Sophia A. Ewart, Mary E. Melton, Alice L. Hoben, Nannie R. Bethel, Ida C. [illegible]ney, Clara M. Bowman, Elizabeth E. Hickey, Cathryne Masters, Ellie E. Tiffany. To Lakewood, New Jersey: American Expeditionary Forces (service in Europe), Susanne Clarke, Matilda Saunders, Matilda M. Steinhauser, Margaret G. Cluny, Clara J. Anderson, Deane Armstrong; to U. S. Army General Hospital, Alta B. Wignall, Joelle Long, Emma Metzger, Nella S. Alvey, Ethel F. Foster, Geneva Casstevens, Carolyn M. Schertz, Florence Schreiner, Ethel M. Irwin, Esther Harrod for temporary duty. To Lakewood, New Jersey, U. S. Army Base Hospital No. 13 (service in Europe), Mabel K. Adams, with assignment to duty as Chief Nurse; Katherine Schimelfenig, Isabel F. Shannon, Desse Greek, Bernadine A. Pennely, Ida E. Twedten, Hilda K. Twedten, Eleanore Zuppann, Eva A. Parsons, Mary Ross, Lois E. Reid, Esther Fairchild, Virginia Hale, Gertrude Hard, August S. Giller, Blanda Sampson, Harriet K. Johnson. To Lakewood, New Jersey, U. S. Army Base Hospital No. 22 (service in Europe), Mary E. Cumming, Agnes C. Olson, Louise M. Walter, Agnes M. Thompkins, Bertha M. Schultz, Anna H[illegible]l, Mathilda B. Wolf, Bess B. Blaisdell, Sarah L. Stetter, Ada P. Stanley, Alma H. Brunk, Alice Norton, Gertrude K. Zollman, Gudrun Myrseth, Agnetta A. Hanley, Violet C. Talty, Margaret E. Campbell, Agnes E. Bill, Blodwyn L. Roberts, Olga Lucks. To Lakewood, New Jersey: U. S. Army Base Hospital No. 26 (service in Europe), Bera E. Lemstrom, Mary G. Brockway, Juliana S. Thompson, Anna Samuelson, Mabel Selin, Theodora B. Davis, Anne C. Phillips, Margaret E. Creelman, Helen R. Constantine, Marie Huslegard, Sadie E. Langan, Ida M. Andersen, M. Lucy Knox. To Lakewood, New Jersey: U. S. Army Base Hospital No. 47 (service in Europe), Sophia M. Balch, Kathryn R. Christensen, Agnes E. Dunlop, Mary R. Edwards, Janet P. Spears, Pearle Howeth, Clara M. Jones, Winifred S. Prouse, Mary Sewall, Beatrice Goldstein, Bessie M. Rogers, Iva V. Ansell, Opal J. Raney, Marie F. Boyce, Philena R. Burk, Nina Boorhees, Frances H. Harcourt, Mary A.

Bell, Ellen Murphy, Abbie V. Ewart, Nell F. Brown, Anna R. Moore, Anna J. Woods, Esther E. Backenhus, Laura Hartwell, Laura Main, Florence N. Blessing, Anna M. Reichhardt, Anna M. Anderson, Ruth I. Tennant, Grace P. Austin, Ivo Reed, Sybil E. Pollen, Selina M. Kane, Mary V. Shannon, Ida Ciegler, Mabel E. Chaplin, Elizabeth C. Lee, Guilda N. Jones, Jane E. Given, Nettie M. Seafert, Elizabeth B. Brooks.

Relief.—Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Melanie Weisenburg, Irene M. Penn, Sue A. Morton, Rhoda [illegible] Ashby, Hedwig A. Werdelin, Mary R. Vandiver, Gertrude H. Smith, Augusta [illegible]. Schweizerhof, Viola T. Robinson, Ida M. Rice, Edith B. Irwin, Clair Jones, Frances B. Leakway, Mary A. Mathews, Phellie K. Hughes, Margaretha Blankvoort, Mrs. Lena Tallman, Josephine Hughes, Helena M. Harrison, Mabel L. Day, Mrs. Amelia S. Crane, Hattie L. Carder, Anna J. Barnett, Frances L. Butler, Eileen R. Crowley, Julia J. Donohue, Katherine Finn, Caroline V. Fuller, Blake S. Gunn, Alice M. Greene, Amanda Grindstaff, Edna I. Guymer, Jane Hafer, Laura A. Weeks-Hasselberg, Marion L. Humphrey, Nannie H. Jones, Katharine T. Kane, Helen F. McLain, Mrs. Ella K. Martin, Helen R. Meier, Mabel Meyer, Emmeline L. Moncrieff, Agnes J. Monroe, Ethel A. Moore, Lina E. Payne, Agnes G. Peterson, Esther Pickel, Nettie S. Rader, Corrinne M. Raffo, Ida Anna Schuster, Mary D. Seldon, Eulalia Singer, Charlotte S. Sherman, Rose A. Stoeffler, Cecelia Sullivan, Mrs. Effie R. Vliet, Helen T. Waldron, Josephine B. Ward.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Appointments.—M. Nirvinia Bailey, New York, N. Y., Cincinnati General Hospital, Charge Nurse Manhattan Eye, Ear and Throat Hospital, New York; Ida E. Brooks, Oswego, N. Y., City Hospital, Oswego, Charge Nurse Tuberculosis Sanatorium, Richmond, N. Y.; Garnet M. Chapman, Paris, Ill., Passavant Memorial Hospital, Jacksonville, Ill.; Catherine Hefferman and Rosemary Conroy, Ellis Hospital, Schenectady, N. Y.; Delia Belle Mead, St. Joseph's Hospital, Denver, Colo.; Ethyl J. Parks, Mary Hitchcock Memorial Hospital, Hanover, N. H.; Frances M. Regan, Portland, Me., St. Barnabas Hospital, Woodfords, Me.; Inez L. Donaldson, Cleveland, Ohio, Ethel R. Parsons, Baltimore, Md., and Bessie C. Graham, Philadelphia, transferred from U. S. N. R. F. to Navy Nurse Corps.

Assignments.—Annie E. DeLancey, Doretta Hanlon, to New London, Conn.; Eleanora Baller to Philadelphia, Pa.; Winifred Brown, Eleanor S. Clarke, to Guam; Edith E. Bair of Mare Island, Cal.; Florence McGee to Camacao, P. I.; Hannah M. Workman to Tutuila, Samoa, as acting Chief Nurse; Mary G. Johnson to Philadelphia, Pa.; Florence Sutherland to Great Lakes, Ill.; Inez L. Donaldson to continue duty at Philadelphia, Pa.; M. Nirvinia Bailey to Marine Barracks, Quantico, Va.; Ethel Reeder Parsons to continue duty at Philadelphia, Pa.

Promotions.—Miriam Ballard, Chief Nurse; Esther LeC. James, Chief Nurse; Hannah M. Workman, Acting Chief Nurse.

Resignations.—Deborah Sheldrake.

Revocation of appointment.—Johanna E. O'Mara.

NURSES U. S. N. R. F.

Assignments.—St. Luke's Hospital Detachment, San Francisco, Cal., to Mare Island, Cal.: Marian Pearl Turner. Clara G. Goodine, from New York City, to Philadelphia, Pa.; Mary Miney, from Boston, Mass., to Brooklyn, N. Y.; Josephine R. Moran, from Weehawken, N. J., to Norfolk, Va. Chicago, Ill., Detachment,

Chicago, Ill., to Great Lakes, Ill.: Ruth E. McClure and Marie Sennett. Providence Hospital Detachment, Washington, D. C., to Fort Lyon, Colo.: Alice L. Mullen. Georgetown Hospital Detachment, Washington, D. C., to Naval Dispensary, Washington, D. C.: Emma M. Jordan. Columbia Hospital Detachment, Washington, D. C., to Brooklyn, N. Y.: Yates Davis Duke. Philadelphia General Hospital Detachment, Philadelphia, Pa., to Annapolis, Md.: Helen Hart. Newton Lower Falls Detachment, Newton Lower Falls, Mass., to New London, Conn.: Hannah Mitchell, Thomasina Libby; to Norfolk, Va.: Jeanette E. Burns; to New London, Conn.: Alma T. Gray. Ida G. Webb, from Ann Arbor, Mich., to Philadelphia, Pa.; Isabelle M. Baumhoff, from Norfolk, Va., to New London, Conn.; Nora A. Reardon, from Concord, N. H., to Chelsea, Mass.

Disenrolled.—May A. Rice, Bessie C. Graham (transferred to Navy Nurse Corps), Martha W. Moore, Margaret J. Engel, Lilly Kanely, Eunice Siler, Nina Van Why, Ethel R. Parson (transferred to Navy Nurse Corps), Inez L. Donaldson (transferred to Navy Nurse Corps).

RESERVE NURSES, U. S. N.

Assignments.—Station Unit No. 9, Chelsea, Mass., to New London, Conn.: Mary E. Babine, Alice S. Britten, A. Esther Cotter, Mary A. Kenney, Annie N. Noyes, Edna J. Osborne. Oklahoma City Detachment, Okla., to Great Lakes, Ill.: Mary Emma Eskridge; from Jacksonville, Ill., Sadie Guild; from Chicago, Ill., Carrie J. Starr. To Norfolk, Va.: from New York City, Freda L. Gerber; from Colorado Springs, Colo., Lilla H. Sawin. To San Diego, Cal.: from Long Beach, Cal., J. Irene Turner; from Riverside, Cal., Lucy May Slade. To Philadelphia, Pa.: from Brooklyn, N. Y., Norah J. Hampton. To Chelsea, Mass.: from Beachmont, Revere, Mass., Mary Louise Kelley.

Transfer.—Station Unit No. 2, Philadelphia, Pa., to Fort Lyon, Colo.: Lillian J. Deitsch.

Resignations.—Base Hospital No. 3, Los Angeles, Cal.: Agnes Eggen.

Revocation of appointment.—No detachment, Anna C. Baumann.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

Colorado: Denver.—BASE HOSPITAL No. 29 was presented with its colors on March 9th at the Brown Palace Hotel, Mayor Speer presiding. The presentation was made by Mr. Clyde C. Dawson; the acceptance by Major Ameese. A brother of General Pershing, who was present, spoke a few words. Colorado Springs.—THE COURSE IN INVALID OCCUPATIONS, started last year by Susan S. Harris, is being continued with special reference to reconstruction work. A special six weeks' course may be taken by nurses desiring to fit themselves for such work.

Connecticut.—THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its first annual meeting, under the new constitution, at Bridgeport on January 31. Reports show that each district in the state has held its annual meeting, elected officers, adopted its constitution, and is ready to come into the American Nurses' Association under the new plan. Benefit from this has already been felt in increased interest and membership.

Florida.—THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold examinations for two days at St. Luke's Hospital, Jacksonville, June 17 and 18. Applications must be received not later than June 1 and should be filed with Louise B. Benham, R.N., secretary and treasurer, 738 Talleyrand Avenue, Jacksonville.

Illinois.—THE ILLINOIS STATE DEPARTMENT OF REGISTRATION AND EDUCATION at its examination on March 27 and 28 examined 347 candidates. Recruiting for

the Red Cross Nursing Service was carried on during the examinations by Minnie H. Ahrens and a corps of assistants, and a patriotic appeal was made by Francis W. Shepardson, Director of the Department. To hasten the completion of Red Cross applications, the Examining Committee speeded up, and finished grading the papers in two weeks. These examinations are to be held every two months, at the suggestion of the Red Cross, the next one to take place late in May or early in June. Anna L. Tittman, inspector for the department, has been granted a three months' leave of absence, to accept a temporary appointment as Field Secretary for the Central Division of the Red Cross Nursing Service. She will carry on a special recruiting campaign. THE CENTRAL DIVISION OF THE AMERICAN RED CROSS NURSING SERVICE held an Institute in Chicago, on March 25, for local Red Cross nursing service committees. Practically every local committee in the division was represented. FIRST DISTRICT: CHICAGO.—The following alumnae associations have revised their by-laws in accordance with the National plan: Wesley Memorial, St. Luke's, Presbyterian, and the Illinois Training School. THE FIFTH DISTRICT at its annual meeting elected the following officers: President, Mary M. Peterson; vice president, Belle M. Smith; secretary, Mrs. H. S. Dickinson; treasurer, Mrs. C. L. Coryn. THE SEVENTH DISTRICT held a regular meeting on April 5, when the work of revising the by-laws was completed. Interesting papers on vacation trips were read by Mabel Gillan, Nell Perry, Ada Olsen and Hattie LaVreau. Miss Marshall, who has been doing Public Health Nursing in Peoria, has become a school nurse in Des Moines. THE THIRTEENTH DISTRICT held a regular meeting in Springfield on April 2, when Rev. E. B. Rogers delivered a patriotic address and Mrs. Lowden, wife of the Governor, informally received the nurses.

Indiana: Fort Wayne.—HOPE HOSPITAL has closed its doors on account of financial embarrassment. The nurses in training are completing their courses in other hospitals. Irene Byron, whose death is noted elsewhere, was very active in public health work, she was executive secretary for five years of the Fort Wayne Anti-Tuberculosis League. Through her efforts, largely, the first Fresh Air School was established and an appropriation made for a new tuberculosis hospital, now under construction, which will be named in her memory, the "Irene Byron Tuberculosis Hospital."

Iowa: Waterloo.—THE REGISTERED NURSES' ASSOCIATION, DISTRICT No. 4, held a meeting on January 5, when Marie Brammer spoke on the urgent need of enrollment in the Red Cross. Kate Kelly read a paper on Commercialism. Sister Sophie Hubeli, of the Deaconess Hospital, Marshalltown, was elected to fill a vacancy on the executive board. Waverly.—ST. JOSEPH'S HOSPITAL graduated a class of four nurses on January 1st. Ottumwa.—DISTRICT No. 2 held a postponed meeting on February 23, when twenty-three members gathered at the nurses' home of the Ottumwa Hospital. Officers were elected as follows: President, Mary Alexander, Keokuk; vice presidents, Fay Curran of Morning Sun, May Reynolds of Ottumwa; secretary, Alice Langley Leake, Burlington; treasurer, Anna Benson, Fairfield. Mrs. Blanche Bowker Lewis made a strong plea for Red Cross enrollment. Meryle Chenoweth, class of 1917, Ottumwa Hospital, has been made superintendent of Dr. Harkem's Hospital in Osceola. THE WAPELLO COUNTY REGISTERED NURSES' ASSOCIATION has given $100 toward a fund for building rest huts for nurses in foreign service. Davenport.—ALMA E. HARTZ of Cleveland has been put in charge of the tuberculosis nursing for the public health nursing service.

Kansas.—THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold examinations, June 4 and 5, at the National Hotel, Topeka. All applications for examination should be sent not later than May 27 to Sister Mary Helena, R.N., Secretary, St. Barnabas Hospital, Salina. THE KANSAS STATE NURSES' ASSOCIATION will hold its seventh annual meeting at Salina, May 15-16.

Kentucky.—THE ALUMNAE ASSOCIATION OF THE JOHN N. NORTON MEMORIAL INFIRMARY raised a service flag at the hospital on March 9, with appropriate exercises: prayer by the chaplain of the infirmary, dedication by Bishop Woodcock, an address by Major Sidney Meyers of Camp Zachary Taylor, music and bugle calls. The flag bears eighteen stars, twenty or more will be added when nurses now waiting are called into active duty.

Louisiana.—THE LOUISIANA NURSES' BOARD OF EXAMINERS will hold examinations in New Orleans and in Shreveport, May 20, 21 and 22, 1918. For further information, apply to Dr. J. S. Hebert, Acting Secretary, 1121 Maison Blanche, New Orleans. THE LOUISIANA STATE NURSES' ASSOCIATION held its annual meeting at the Grunewald Hotel, New Orleans, on February 28, and elected these officers: President, Mrs. L. H. Cross; vice presidents, J. Jorden and J. Bayhi; secretary, Alice M. Ashee; treasurer, Mrs. J. E. Haley. An address by Miss Eldredge, the Interstate Secretary, was much appreciated.

Maryland.—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES and the Maryland League of Nursing Education held a joint annual meeting on March 25 and 26. The afternoon of Monday was devoted to the reading of reports and to Red Cross discussions. Mrs. Sargeant, state chairman of Red Cross Nursing Service, has arranged a comparative chart, showing the enrollment by schools. Miss Noyes addressed the evening session and in her usual forceful way brought before the members the urgent need for enrollment. A most important problem before the heads of schools for nurses is the working out a plan for affiliation so that every nurse in training may qualify for registration. Affiliation was the subject for Tuesday morning. A number of out-of-town members were present and there was a general discussion. The afternoon was devoted to business and the following officers were elected: President, Elsie M. Lawler, Johns Hopkins Hospital; vice president, Jane E. Nash, Church Home and Infirmary; secretary, Lydia Martin, Union Protestant Infirmary; treasurer, Miss Gorter, Johns Hopkins Hospital.

Massachusetts: Northampton.—THE ALUMNAE ASSOCIATION OF THE COOLEY-DICKINSON HOSPITAL held its regular monthly meeting on March 30, at which time the members agreed to dispense with the annual banquet and to purchase a Liberty Bond. Nine members of the association are actively engaged in war nursing. At the close of the regular meeting, Dr. J. G. Hanson spoke on Present and Future Opportunities of the Registered Nurse at a meeting open to all registered nurses. Since its organization, in 1915, the membership of the association has increased from fourteen to forty-four.

Michigan: Detroit.—THE WAYNE COUNTY NURSES' ASSOCIATION at a meeting held on March 1 raised the Directory fee from eight to ten dollars. This was made necessary by the greater cost of maintaining the office and the decrease in receipts, occasioned by members entering army service. Mrs. Carr spoke on Registration for Women. THE FARRAND ALUMNAE ASSOCIATION, at its annual meeting, elected the following officers: President, Grace Gillies; vice presidents, Iva Loud, Gertrude Wigle; recording secretary, Alice Walker; corresponding secretary, Elizabeth Noyes; treasurer, Ethel M. Durham; directors, Lulu Durkee, Emma J. Whiteley, Grace Breedon.

Minnesota: Minneapolis.—THE SWEDISH HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on April 9 with an attendance of forty. The following officers were elected: President, Hannah Johnson; vice presidents, Mrs. Jennie Lakeman, Lillian Chilgren; recording secretary, Marie Jacobsen; corresponding secretary, Mrs. Ida Arvidson; treasurer, Cora Bruess. The association has a membership of 120; during the last year it has purchased a $200 Liberty Bond. A large number are in Red Cross service and more are going.

Missouri.—THE MISSOURI STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES will hold the next state board examination as follows: In St. Louis, at the Planters Hotel, Tuesday and Wednesday, May 28th and 29th; in Kansas City, at the Coates House, Thursday and Friday, May 30th and 31st. Applicants whose term expires ninety (90) days from and after date of examination will be allowed to appear for the same. Applications for examination must be sent in ten (10) days before the date for examination. Mary E. S. Morrow, R.N., secretary.

Montana.—THE ANNUAL MEETING OF THE MONTANA STATE BOARD OF NURSE EXAMINERS will be held at the State Capitol, Helena, May 27, 28 and 29, beginning at 10 a. m. Application blanks may be secured from the Secretary-Treasurer, Maud E. Lally, R.N., St. James Hospital, Butte. Word has been received in the JOURNAL subscription office of the death of Mrs. Iva Cliff Benson, president of the Montana State Association of Nurses. No details were given.

Nebraska.—THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold the regular examination May 28 and 29, in Omaha and Lincoln. A special privilege is extended to nurses who wish to enroll in the Red Cross. The time is extended on graduation six weeks. Margaret McGreevy, R. N., Secretary. **Omaha.**—THE NICHOLAS SENN HOSPITAL has formed a Red Cross Auxiliary with Josephine Dorsey as chairman. Student nurses work on supplies every Monday, from 2 to 5 p. m. The alumnae invested $50 in Thrift Stamps during the recent drive. **Grand Island.**—BERTIE CLYDE LILLEY, who has been superintendent of the Grand Island General Hospital for several years, has resigned to accept a position in a hospital in the east. During the time she has acted as superintendent, many improvements in the administration of the hospital have been made. Bertha Bryant succeeds her.

New Jersey.—THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold examinations for graduate nurses on Friday, June 21, 1918, in the State House, Trenton. Applications must be filed fifteen days prior to June 21, 1918. Information and applications can be procured from the secretary-treasurer, 139 North 12th Street, Newark, N. J. THE NEW JERSEY STATE NURSES' ASSOCIATION held its sixteenth annual meeting at the Chalfonte Hotel in Atlantic City, on April 3. Wilhelmina Rechtenstein, corresponding secretary of the Atlantic County Graduate Nurses' Association, welcomed the guests in behalf of the association, to which Mabel Graham responded. The morning session was occupied with the reading of reports and the adoption of the new constitution and by-laws to conform with the national, after which Florence M. Johnson, the Director of the Atlantic Division of the Red Cross, gave a helpful talk on Red Cross Nursing Service. In the afternoon the State League of Nursing Education discussed What Training School Instructors Can Do to Assist in State Board Examinations. The election of officers resulted as follows: President, Edith J. L. Clapp; vice presidents, Elizabeth Pierson, Mrs. Blanche Reddon; secretary, Mabel Graham; treasurer, Jennie M. Shaw. Helen M. Howes was chosen the delegate to the national convention, with Margaret J. Clancey as alternate. Elizabeth

Higbid was appointed chairman of a committee to coöperate with the State Committee on Red Cross Nursing Service, with a view to stimulating high school graduates to enter nurse training schools. The semi-annual meeting will be held in Plainfield, with the Alumnae Association of Muhlenburg as hostess. Orange.—THE ORANGE TRAINING SCHOOL ALUMNAE ASSOCIATION, at its regular meeting held on March 20, unfurled a service flag for sixteen nurses on war duty, with appropriate exercises.

New York: New York.—THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION, at its annual meeting in March, elected the following officers: President, Jennie Greenthal; vice president, Jessie McVean; recording secretary, Anne MacEdward; corresponding secretary, Stella Ackley; treasurer, Marie Pless. The next meeting will be held at St. Luke's Hospital, on the evening of June 4, the subject, Child Welfare. THE CENTRAL CLUB FOR NURSES has opened a hostess house at Orange, N. J., for Army, Navy and Red Cross nurses, also for all club members. Rochester.—THE SODALITY OF THE VISITATION, a nurses' society, has recently been organized; meetings are to be held the second Tuesday of each month at St. Joseph's Church Hall. The names of the officers are: President, Mrs. Fred Stehle; vice presidents, Elizabeth McGraw; secretary, Nellie Crowley; treasurer, Celia Staub; librarian, Agnes Cahaley. THE NURSES' ASSOCIATIONS of the city gave a delightful banquet to the nurses of Base Hospital No. 19, on the evening of April 2, at the Rochester Club. Brooklyn.—THE LONG ISLAND COLLEGE HOSPITAL ALUMNAE ASSOCIATION held its annual election of officers recently with the following result: President, A. H. Davids; vice presidents, M. Ziegler, J. Wiley; recording secretary, Mrs. J. W. Cavens; corresponding secretary, H. V. Garron; treasurer, M. A. Hoge; directors, Mrs. F. W. Russell, J. Weagant.

Oklahoma.—THE OKLAHOMA STATE BOARD FOR EXAMINATION AND REGISTRATION held a special examination on April 22 and 23, for graduates going into Red Cross service at once. The board will hold its semi-annual examination on June 3 and 4, 1918, at the University Emergency Hospital, Oklahoma City, Okla. Mabel Garrison, R.N., secretary-treasurer. Oklahoma City.—THE GRADUATE NURSES OF OKLAHOMA CITY organized a city association in January, 1918, with Lina Davis as president, Majorie Morrison as secretary-treasurer. It was found that nurses out of the city wished to join, so it was changed to a county association, and later, because of the reorganization of the state association, it became a district association, so it is now District No. 1 of the Oklahoma State Association with a membership of 87. Much interest is being taken in the meetings and it is hoped to help with Red Cross enrollment.

Pennsylvania: Philadelphia.—THE CHILDREN'S HOSPITAL OF PHILADELPHIA held graduating exercises for a class of eighteen nurses on April 11, with addresses by S. Lillian Clayton and Dr. Alfred Hand, Jr. THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL has appointed a committee on the establishment of a loan fund for a scholarship in Teachers College, Columbia University, New York. Suggestions and inquiries from graduates of the school are requested; they should be addressed to the Chief Nurse of the Philadelphia General Hospital. THE NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL has formed a Red Cross auxiliary which meets weekly. Twenty-seven graduates of the school are in active service. The association has invested $2000 in the Third Liberty Loan. Lancaster.—THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, at a meeting on April 1, dedicated a service flag to the nurses and doctors of the hospital now in active service. Pittsburgh.—THE ALLEGHENY

GENERAL HOSPITAL ALUMNAE ASSOCIATION had reported, at its April meeting, the names of thirty-seven members for the honor roll and the service flag of those in service at present. Others will leave shortly.

TEXAS.—THE TEXAS STATE BOARD OF EXAMINERS FOR NURSES will hold examinations May 15 and 16, in Dallas, Paris, Temple, San Antonio, Galveston and El Paso. Katherine Van Doren, Secretary-treasurer, Fort Worth, Texas.

Virginia.—THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA held its eighteenth annual convention at Richmond, January 31-February 2. The various reports show that the association is beginning to feel the benefits of having an Advisory Council composed of the Board of Directors and presidents of all alumnae associations belonging to the state association. Through this council individual members can be reached more readily and they feel that they have a direct voice in formulating the policies of the association. A training school inspector has been appointed, and it is hoped through the work of Miss Mellichamp to hasten the standardizing of the curriculum. The report on the Catawba endowment fund was most encouraging, but the president urged that the fund be rapidly completed as nurses who are now serving in France may need to recuperate there. Owing to the demand for public health nurses in the state and to the small number of nurses available for such work, directors of hospitals are asked to coöperate by releasing some of their senior pupils for a four months' course in the School for Public Health and Social Work, recently established in Richmond. A committee was appointed to draw up a bill for the licensing of attendants, which is to be presented to the Legislature. The association had as speakers, Adda Eldredge, the Interstate Secretary, who discussed some of the problems of reorganization, and Mary S. Gardner, whose topic was Public Health Work. Miss Robertson, the president, has been appointed chief nurse of a unit which is to serve overseas, so she was obliged to resign her office. These officers were chosen: President, Florence Bishop, Harrisonburg; vice presidents, Agnes Randolph, Mrs. Costenbader, Richmond; secretary, Josephine McLeod, Lynchburg; treasurer, E. P. Edmunds.

Wisconsin.—THE WISCONSIN NURSE REGISTRATION LAW has been amended, to allow graduates of a standard two-year school, who did not register during the waiver registration act, to become registered by taking the examination. Application for this examination must be made before June 1, 1918. The law was also amended, to allow college graduates, who have had laboratory work in chemistry, physics and biology, at least nine months' credit in the first two years of training school work. Milwaukee.—A STATE CENTRAL NURSES' DIRECTORY has been established at 566 Van Buren Street, under the auspices of the State Council of Defense, with Jeannette M. Hays as registrar. Sub-committees are being organized in each county of the state for the purpose of conducting local directories. The object is to correlate the work of the various agencies interested in the care of the sick and to provide a place where information regarding all nursing affairs in the state may be recorded. The chairman of the Woman's Committee of the State Council of Defense and her co-workers, women chairmen of the County Councils of Defense and superintendents of schools, are aiding in recruiting young women to enter training schools. Applicants are referred to the Directory for information regarding accredited schools.

Wyoming.—THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold an examination for the registration of nurses at the State House, Cheyenne, June 4-7. The usual meeting will be held at the same time. S. J. McKenzie, R.N. Secretary, St. John's Hospital, Cheyenne.

BIRTHS

On January 27, at Kenosha, Wis., a son, Robert Grant, to Mr. and Mrs. Joseph Lindle. Mrs. Lindle is a graduate of Kenosha Hospital, class of 1913.

On February 22, a son, to Dr. and Mrs. Fred Gottschalk. Mrs. Gottschalk was Lillian Olson, class of 1912, Grace Hospital, Detroit.

On March 6, a daughter, to Corporal and Mrs. Fish. Mrs. Fish was Anna Osterhout, class of 1908, Grace Hospital, Detroit.

On March 14, a daughter, Geraldine Prowse, to Mr. and Mrs. Shirley D. Lovell. Mrs. Lovell was Constance Prowse, class of 1906, New England Hospital for Women and Children, Roxbury, Mass.

On February 16, at Lyons, Neb., a son, James Ambrose, to Mr. and Mrs. Henry Crellin. Mrs. Crellin was Martha Graham, class of 1910, Douglas County Training School, Omaha.

On December 12, 1917, at Oakland, Md., a son, to Dr. and Mrs. Norman I. Broadwater. Mrs. Broadwater was June Bowden, class of 1907, Allegany Hospital.

On December 10, 1917, a daughter, to Mr. and Mrs. Frank Perdew. Mrs. Perdew was Virginia Beesley, class of 1914, Allegany Hospital, Sisters of Charity.

In March, at Seattle, Wash., a son, to Mr. and Mrs. Isaac Henry Fleischmann. Mrs. Fleischmann was Mabel Henderson, class of 1907, Allegheny General Hospital.

On February 18, at Long Island City, N. Y., a daughter, to Dr. and Mrs. W. J. Lavelle. Mrs. Lavelle was Kathrine Dwyer, class of 1913, St. John's Hospital, Long Island City.

On January 8, twin girls, to Mr. and Mrs. George Hunt. Mrs. Hunt was Kathryn Rinehart, class of 1911, Samaritan Hospital, Philadelphia.

A son, to Reverend and Mrs. Dowie. Mrs. Dowie was Margaret Turner, class of 1916, Samaritan Hospital, Philadelphia, Pa.

At Eldon, Iowa, a daughter, to Mr. and Mrs. Frank Owens. Mrs. Owens was Gertrude Allen, Ottumwa.

At Eddyville, Iowa, a son, to Mr. and Mrs. Brunt. Mrs. Brunt was Catheryn Gallagher, class of 1913, Ottumwa Hospital.

MARRIAGES

On January 13, Myra West Krafft, class of 1914, City Hospital Training School, St. Louis, Mo., to Captain George Wheeler Wilson, M.O.R.C. Captain and Mrs. Wilson are in Honolulu, where he is in charge of Department Hospital.

On December 9, at Minot, N. Dak., Roxy Lavera Foss, class of 1914, Bismarck Hospital, Bismarck, to Lieutenant John E. McFadden. Lieut. McFadden is stationed at Camp Dodge, Des Moines, Iowa.

On March 9, Lillian Armstrong, class of 1910, Grace Hospital, Detroit, to Emanual George Frank. Mrs. Frank recently returned from England where she spent fourteen months as a Canadian Red Cross nurse.

In November, 1917, Annie Wilkins, class of 1915, Danville General Hospital, Danville, Va., to M. A. Goode.

In December, 1917, Annie B. Johnson, class of 1905, Memorial Hospital, Richmond, Va., to Charles Easley.

On January 5, at Newport News, Va., Frances Page Jones, class of 1915, Grace Hospital, Richmond, to Dr. Poindexter of Kingsport, Tenn.

On January 16, at Rajahmundry, Madras, India, Anna Elizabeth Rohrer, class of 1914, Presbyterian Hospital, Philadelphia, to Ernst Neudoerffer. Mr. and Mrs.

Neudoerffer will live in India, where they have been working under the Lutheran Mission Board.

On March 5, Alma Clark, Dotham, Ala., to M. N. Carter, Newport News, Va.

On December 18, 1917, Bertha Leona Martin, Allegheny General Hospital, Pittsburgh, Pa., to Ernest Frycklund. Mr. and Mrs. Frycklund will live in Carson City, Nev.

On December 29, 1917, Barbara Findlay Dalzell, Allegheny General Hospital, Pittsburgh, to William M. Ferguson. Mr. and Mrs. Ferguson will live in Brooklyn, N. Y.

On January 5, Mina L. Root, Allegheny General Hospital, Pittsburgh, to George Midgley. Mr. and Mrs. Midgley will live in Pittsburgh.

On February 25, Jess Lucile Cobb, Allegheny General Hospital, Pittsburgh, to Harry Hiram Cobb. Mr. and Mrs. Cobb will live in Buffalo, N. Y.

On April 6, Ruby Fontaine Davis, a graduate nurse of Virginia, to Hunter S. Woodbery, M.D. Dr. and Mrs. Woodbery will live in Greenville, S. C., where the Virginia Base Hospital, of which Dr. Woodbery is a member, is stationed.

On November 20, 1917, at Juniata, Pa., Ruth Ryder, class of 1916, Mercy Hospital, Altoona, Pa., to Chester J. O'Friel. Mr. and Mrs. O'Friel will live in Altoona.

On February 9, Effie M. Greene, class of 1910, Sheltering Arms Training School, Hansford, W. Va., to Sergeant Robert Gordon Reed. Sergeant and Mrs. Reed will live in Nogales, Ariz.

On March 9, Ruth Denison, class of 1916, Franklin County Hospital, Greenfield, Mass., to Aubrey O. Arnidon. Mr. and Mrs. Arnidon will live in Colraine, Mass.

On March 30, Mary C. Hoeck, class of 1910, John N. Norton Memorial Infirmary, Louisville, Ky., to Harry A. Hoffman.

On March 24, at Lost Creek, Ky., Mary Newlin, Iowa Methodist Hospital, Des Moines, to Landis Rollins Bradfield. Mr. and Mrs. Bradfield will live at Lost Creek, Ky.

On March 19, at Mount Clemens, Mich., Ethel Leorah Kent, Iowa Methodist Hospital, Des Moines, to John Starrett, U. S. A. While Mr. Starrett is abroad, Mrs. Starrett will resume her duties as superintendent of the Iowa Congregational Hospital, Des Moines.

In March, at Des Moines, Iowa, Josephine Wells, Mercy Hospital, Des Moines, to Sergeant Williams Donals, U. S. A.

On December 24, 1917, Iris Funk, class of 1915, Jefferson County Hospital, Fairfield, Iowa, to Edward Dull. Mr. and Mrs. Dull will live in Statesville, N. C.

Recently, Ruth Garber, Ottumwa Hospital, to Lawrence Straus.

On February 26, Frances McJunkin, class of 1915, J. C. Proctor Hospital, Peoria, Ill., to Guy Marshall. Mr. and Mrs. Marshall will live at Deer Creek, Ill.

Recently, Mary Curry, class of 1915, Methodist Hospital, Peoria, Ill., to Ray Vance. Mr. and Mrs. Vance will live in Seaton, Ill.

DEATHS

On December 23, 1917, at Mount Savage, Md., Anna May Purbaugh, class of 1917, Allegany Hospital, Sisters of Charity.

Recently, Mrs. Iva Cliff Benson of Fromberg, Montana, president of the Montana State Nurses' Association.

Suddenly, at the General Hospital, Memphis, Tennessee, Mrs. Bertha Kate Walker, class of 1914, St. Luke's, Chicago. Mrs. Walker had been supervisor of

the operating rooms for four years; she had been selected as Chief Nurse of Base Hospital, Unit No. 57.

On January 7, at the Deaconess Hospital, Marshalltown, Iowa, of acute peritonitis, Rowena Frasher, class of 1918, Illinois Training School, Chicago. Miss Frasher was a Red Cross nurse and was on active duty during the flood at Dayton, Ohio.

On April 9, at St. Patrick's Hospital, Missoula, Montana, of pneumonia, Lydia M. Pokriefke.

On March 25, at the Hartford Hospital, Hartford, Conn., of pneumonia, Lauder Sutherland, superintendent of the hospital and training school and president of the state nurses' examining board. (In the June issue of the JOURNAL there will be published a picture of Miss Sutherland and tributes to her memory.)

HONOR ROLL

Died in the service of their country:

On March 28, at Camp McArthur, Waco, Texas, following an operation, Irene Byron, class of 1906, Hope Hospital, Fort Wayne, Indiana. She was buried with military honors.

On March 20, 1918, at the Naval Hospital, Charleston, S. C., Helen F. Orchard, Nurse, U. S. N.

On March 28, 1918, Patricia Byron.

On March 9, 1918, Ora M. Gore.

WITH MILITARY HONORS

At 6.15 p. m. on Thursday, January 17, 1918, Amabel S. Roberts, R.N., Army Nurse Corps No. 1 (Presbyterian U. S. A.)General Hospital, British Expeditionary Force, attached to No. 2 Reserve Base Hospital, Etretat, France, gave up the life she had devoted to the service of others. Her illness, one of the most deadly of infections, had lasted barely three days.

At 1.40 p. m. on Saturday the troops assembled in the Square for parade. The British other ranks, including all patients from the hospitals who were able to walk, fell in first under the command of Sergeant Major King. Then the Americans, every man who could be spared from duty, numbering about two-thirds of the Unit, formed at the command of Sergeant Hinds.

The services were to be at the Blanquet, the nurses' quarters, and in a moment the narrow street was choked with troops who formed in a long double rank on either side of the street leading to the gate. For fifteen minutes the men stood at attention while the simple services were being held inside the Blanquet, and then the leaden casket was brought out and placed on a stretcher carriage covered with flags. The carriage moved slowly down the street between the two ranks of men who uncovered as it passed, and as it reached the end of the lines the files telescoped on themselves and fell in behind.

The two Padres came first, marching together, and followed by the bugler; then the casket on the stretcher carriage with the pall bearers, the honorary pall bearers marching behind. After these came the nurses, followed by the V. A. D.'s and lady drivers, and officers. Next in line were the American troops, and after them came the poilus from the French hospital near by; behind these were the British troops, and after them the British patients from our own hospitals. The French townspeople, headed by the Mayor, came last.

It was an impressive procession. About five hundred were in line and the torturingly slow, rhythmic beat of the funeral half-step was like a motif which

told of the implacability of Fate against which man breaks himself eternally. But the masses of flowers that buried the casket flamed and blossomed against the background of sombre uniforms like an eternal promise which raises itself triumphantly over an eternal pain. All the flowers that Havre could provide were there. The Unit gave them, and after the Unit the patients insisted that they be permitted to give, too. The French gave all they had. The dark blue uniforms of the nurses blended with the blue and leather of the drivers, and both these were relieved by the flowing white head dresses of the V. A. D's. And then the olive drab as the officers marched past heading the solid ranks of men in a long column of fours, with the horizon blue of the poilus following. One felt sure, somehow, that she would have been glad to know the poilus were there. They were all wounded, and some of them hobbled along on sticks, while one or two gave an arm to a comrade who had risked his strength to come. Among them stalked a tall Arab, his head held high, his face passive and immovable; only his eyes smouldered with that pride and scorn that had faced death and won in Flanders. More khaki as the British came, and then the patients. Some of them wore their uniform coats, but all of them were in blues, that strange, ill-fitting garb of the convalescent. After these came all Etretat, women and old men unfit for service. So many have gone and so few have come again. They were there to pay their tribute, and so they came—some in clumping wooden shoes, some leading little children, the lame, the halt, and the blind, the old, and the weak—they knew of bitter experience, and they could sympathize. It was not an impersonal sorrow that the French gave. They knew her. A nurse from the French hospital sobbed out her grief as she told how tenderly Miss Roberts had carried her little Alex who now stumps bravely about on his wooden peg. Alex was so small, and in so great pain that he could not always make his wants intelligible, and it was Miss Roberts who wept over him as she struggled with his baby French, trusting to the intuition that never failed her to heal and comfort. Alex remembered.

Some of us have felt from time to time that in this old world we have found only a land out-worn, devitalized, and cold, but as the funeral procession of our Sister passed through the narrow streets between the rows of Norman houses with their gabled roofs, that feeling changed and there was comfort in the change. One felt a sense of sheltering protection—the promise of a mother old in the ways of pain—that she would care for that which we bequeathed her until such time as we could claim our own. Through the outskirts of the town the columns went, past the old Norman church with its strong, restful lines, and into the cemetery. There, beyond the civilian portion, with its crowded tombs and quaint head stones, upon a little slope above the rest is that phalanx of black wooden crosses which mark the resting places of those who died that a better world might come into being. It was here the procession halted. A grave had been dug in the center, between the two larger plots. Far off in one corner lay a German, a prisoner of war, and one felt that in the great democracy of death all war had been forgotten.

At the foot of the grave stood Padre Johnston; at the head, and on the upper side were grouped the nurses. Further up were the officers, and behind them, and extending down behind the nurses were the enlisted men of all nationalities. The sun shone warmly, and a soft wind came up from the sea. The beautiful service of the Church of England was read through, and though we have all heard it many times, it brought with it now an understanding and a meaning more poignant, more personal than we had ever known. At last the pallbearers stood

clear and the buglers stepped forward. Taps were blown for the first time in Etretat over an open grave.. We had become so used to the Last Post that we had almost forgotten the real beauty of Taps, but now its piercing loveliness struck home with an added force. Go to sleep. Go—to—sleep. It was an end and a beginning.

A plain black wooden cross will mark that grave; a cross differing in nowise from the crosses which surround it, except in the name painted in white upon its arms. It was suggested that some more elaborate memorial might be fitting, but surely none could fit so well. It is a soldier's cross for one who died like a soldier.

Vassar College Alumnae have established four scholarships for the Vassar Plattsburg, as a memorial to Miss Roberts, who was a Vassar College graduate.

(We have received a similar report of the military rites observed for Alice Ireland, whose death was announced in an earlier issue of the JOURNAL. This detailed description of a military funeral is given to our readers that they may know how our nurses who die in the Service are honored, and that they may understand what is implied, if we have occasion later to say that a nurse was buried "with military honors."—Ed.)

In England, women do the greater part of the work in the building of airships. It is proposed to turn them all into "Wrens," as the members of the Women's Royal Naval Service are called. They make the internal rigging, strands of hemp cord, seated on the ground with feet outstretched, slinging the string on pegs of different colors for the different classes of airships. A young woman inspector wriggles through a narrow manhole, eighteen inches across, into the huge gas bag, lying on the floor, inflated with air instead of hydrogen. Passing through this hole was a rubber pipe, carrying electric light to examine the internal riggings. The girl said, "We are not allowed to stay inside for more than an hour at most; there is really plenty of air, but it is a weird feeling at first. Still, I like to think that I am working right inside the gas bag."

BOOK REVIEWS

A MANUAL OF ANATOMY. By Henry E. Radasch, M.Sc., M.D. Assistant Professor of Histology and Embryology in the Jefferson Medical College, Philadelphia. W. B. Saunders Company, Philadelphia. Price, $3.50 net.

As the preface states, "This book was originally intended as a Visceral Anatomy for the use of first year medical students," but the original manuscript has been enlarged by chapters on Osteology, Syndesmology, and Myology. It is an anatomy for the reference library in a nurse training school, or for the use of instructors, rather than a textbook for undergraduate nurses. The arrangement of the text is unusual, and yet practical, the histology is both definite and detailed. Many excellent illustrations interpret the text and interest the student.

MASSAGE: ITS PRINCIPLES AND PRACTICES. By James B. Mennell, M.A., M.D., B.C. (Cantab.), etc. Medical Officer, Physico-Therapeutic Department, St. Thomas' Hospital, London; Civilian Medical Officer in charge of the Massage Department, Shepherd's Bush. With an introduction by Sir Robert Jones, C.B., F.R.C.S.; Colonel R.A.M.C.; Inspector of Military Orthopedics. With 135 illustrations and an appendix. P. Blakiston's Son and Company, Philadelphia. Price, $3.00.

This is not a textbook. It is an exposition of treatment by massage, founded on the actual experience of a medical man who has really studied massage. It will be a valuable book to the medical man and to the trained masseur. There is a timely chapter on massage as a remedy in the treatment of the wounded.

MASSAGE. An Elementary Textbook for Nurses. By Nellie Elizabeth Macafee, R.N., Instructor in Massage, Western Pennsylvania Hospital, Allegheny General Hospital, Homeopathic Hospital, Columbia Hospital, Presbyterian Hospital, Montefiore Hospital, The Children's Hospital, McKeesport Hospital, Suburban General Hospital. Reed and Witting Company, Pittsburgh, Pa. Price, 50 cents.

This little book of 33 pages gives a brief history of massage, a concise account of the general treatment, and the formulas for giving massage as outlined in the curriculum arranged by the Pittsburgh League of Nursing Education. It is a memorandum of procedure that should prove profitable to graduate nurses.

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